VARIATIONS ON A THEME:
COLLABORATIVE AUTOETHNOGRAPHY OF CHAPLAINS TRAINED AT A HOSPITAL IN SOUTHERN CALIFORNIA

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by

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Abstract

Variations on a Theme: Collaborative Autoethnography of Chaplains Trained at a Hospital in Southern California

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Clinical Pastoral Education, or CPE, is a training program designed to train chaplains in a hospital setting. CPE is a form of adult learning that uses Mezirow's Transformational Learning Theory to engage professional development and personal transformation, through a process involving disorientation and reorientation. While allowing each student to learn at their own pace, and according to their own goals, it also utilizes a group learning model that involves a CPE Educator and a cohort of peers who support the individual in their processing of clinical experiences.

One particular hospital in Southern California uses a Theme Approach to conduct learning within CPE, in which students choose a spiritual theme that they explore during their time at the hospital. This chosen theme also informs the ways they approach and process their experiences at the hospital. Due to my own experiences of formation using the Theme Approach, over the course of my own training, as well as preliminary research at the hospital, I begin with anecdotal evidence of its efficacy. I then conduct interviews and an autoethnographic study to show that the Theme Approach can be further enhanced if used with the understanding of Internal Family Systems, narrative and Freirean pedagogies, and an expanded view of virtue ethics. In doing so, I propose that an intentional use of the Theme Approach can help individuals examine issues of social location in relation to their personality and experiences, in ways that are both formative and transformative.

My research has occurred during a time of pandemic, when chaplains have faced unique challenges and opportunities as they have provided care to patients and families. It is not only the first comprehensive study of the Theme Approach to date, but it also offers unique perspective into the importance of CPE in training chaplains during a time of crisis. Ultimately, the insights I have gained can be applied to other settings where personal formation and professional growth occur.

I dedicate this project to the many patients, families, and medical staff who were a part of my experiences of training to be a chaplain during the pandemic of 2020-2021.

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I would like to express gratitude to my committee members—Dr. Frank Rogers Jr. (chairperson), Dr. Grace Kao, and Dr. Paul Faulstich—for their support and guidance in my writing process. Frank, thank you for showing the students at CST how creativity and spirituality can be fostered in the academy in preparation for leadership in society, that our stories—as well as all the internal "parts" of us—matter greatly. Thank you, Dr. Kao, for modeling how a Taiwanese-American woman teaches with integrity, curiosity, humility, and authority. Professor Faulstich, your Ethnography class planted seeds of critical consciousness for how I could approach research with genuine passion and through power-sharing interactions that bring about transformation—thank you.

I would like to thank the CPE community—the Spiritual Care Department at the hospital and my CPE peers —for their support of this research. I hope this project honors the transformational learning that occurs in CPE, through the Theme Approach, and the many ways that patient encounters touch chaplains and inspire them to shine on. I appreciate how supportive each member of the department has been of my writing process—from allowing flexibility when I needed to adjust my schedule to accommodate deadlines, to checking in about my writing during staff meetings, to attending and celebrating my dissertation defense.

Much appreciation goes to Rev. Brenda Simonds, the originator of the Theme Approach, for allowing me to conduct my original pilot research with CPE students. A special thank you to Rev. Glory Bautista, whose accommodation of my interviews helped me to gather preliminary data for six months with chaplains under her supervision. Thank you to Participants A, B, and C for being my original Theme Approach co-researchers. And gratitude goes to the three CPE educators whose insights on the Theme Approach helped add dimension to my research.

Thank you to each of my ten dissertation research participants—AA, AL, "Bill," "CJ," DW, KW, PN, PS, RG, and UK—for being so generous with your time and for allowing me to learn with and from your narratives and spiritual themes. The story of pandemic chaplaincy belongs to all of us, and this autoethnography would not be possible without your collaboration and contribution. You are my "tribe" here in Southern California and beyond; we are a unique community, committed to the profession of chaplaincy, "for such a time as this." I regard each of you as a true friend and a valued colleague.

I am grateful for the educators in my path—Monica Sanford of University of the West, Frederick Streets of Yale Divinity School, Jessica Tinklenberg of Claremont Graduate University, and Sebastian Ruth of Yale School of Music—who facilitated classroom discussions that contributed to my understanding of ministry, research, and pedagogy and whose reading lists were my first introduction to Paulo Freire and bell hooks. Thank you to the Forum for Theological Education for providing financial support and mentorship resources during the year I prepared for qualifying exams and completed my CPE residency.

Finally, I honor my family of origin—the narratively constituted legacy I have inherited—and my chosen family of friends who have journeyed with me through geographical distance and stages of life. Both of my grandmothers were strong and smart women whose social location limited their academic and vocational potential. Their spirit of creativity and determination live on in me. My parents' out-of-the-box thinking and unconditional love shaped my personality and helped me to live into a kind of authenticity that at times challenged cultural norms but has also inspired me to find belonging among a diverse network of friends across the world. I am, because you are.

Table of Contents

Introduction of a Theme

"This cohort almost serves as a model for how chaplains can learn and grow," our Educator beamed during our final group time. Six chaplain interns, under her supervision, had journeyed through twelve weeks of Clinical Pastoral Education (CPE) at a hospital in Southern California. From March to June of 2021, we had cried and laughed together, seen at least 240 patients each week, and gotten one step closer to our professional goals of becoming chaplains. As a cohort consisting of students who identified as Black, Asian, and White, we had also named and worked through the beautiful complexities of relating to other humans, on deep levels, from various social locations and life experiences. Work and play came hand-in-hand, and the intense emotions we experienced while witnessing the suffering of patients and their families were balanced by camaraderie, inside jokes, and pranks. Speaking to a group coming from various stripes of the Christian tradition, one of us quipped at the end of our journey, regarding the memories we had created, "If they were all written down, I suppose the whole world could not contain the books that would be written." (John 21:25).

This is the story of chaplains on a quest to live out their best selves in community. It is also my own story of living out my identity in relation to my work. As a recent graduate of CPE, I seek to understand my own experiences, in conversation with others who also went through CPE in the same time frame. The year upon which my research is based entailed deep suffering on a global level due to a pandemic, and we chaplains had a front row view. As one who seeks to one day train chaplains in the way I have been trained, I highlight the Theme Approach as a unique pedagogical approach within CPE and demonstrate, through an autoethnographic study, its efficacy and potential.

Integration: How it All Began

My journey as a chaplain intern began in the summer of 2019. I was in my early thirties, halfway through my PhD coursework at Claremont School of Theology, and in search of a learning experience that was situated in a professional context and relevant to my scholarship. Indeed, I was searching for a way to integrate all the academic and professional experiences of my thus-far adulthood, which included seminary, working as a helping professional, being an educator, and living in various parts of the country in pursuit of those experiences. As a young adult who had moved every two years for the last decade, I was surprised to find myself back in the city I was raised in, doing a summer internship at the hospital where my brother was born.

"Integration" became my theme for the summer. My daily interactions—with patients, families, hospital staff, my fellow chaplain interns, and my chaplain supervisor—prompted me to think about the various parts of my personality and life journey that contributed to my current sense of self. Hospital chaplains provide spiritual and emotional care primarily through the kind of presence they bring into any given situation. Unlike the other professionals on the interdisciplinary team, they cannot rely upon tools and devices outside of their own selves, and therefore must cultivate strong self-awareness and interpersonal skills. I recognized that the more integrated I was as a person, the more I could bring my authentic self into my patient care.

At the end of a very fulfilling summer at the hospital, I found myself wanting to know more about the "who, what, why, when, and how" of chaplaincy training. By then, I had begun a fall semester research class that I hoped would steer me towards my dissertation topic, and I realized that CPE—the formation of chaplains—could be it. Thus began the intertwining, or further integration, of my professional training with my academic research, a process which fueled my desire to continue my CPE journey and informed the ways I understood the themes in

my own life. The hospital where I had trained as a chaplain became my research site. This community hospital is located within close driving distance to my place of residence and serves a diverse population in Southern California. Within the hospital, a robust Spiritual Care Department, consisting of a team of CPE Educators and a Director of Spiritual Care, offers quarterly CPE training for chaplain interns, who receive educational and professional credit for their participation in a semester-long program.

This setting was of interest to me for several reasons: First, having just completed a unit of CPE at the hospital, I understood its educational components from the perspective of a participant. Second, I was readily granted access to the program and had a degree of familiarity with the "gatekeeper"—the CPE Educator of the Fall Unit. This particular CPE Educator was not involved in my own training, so I was somewhat unfamiliar with her work with students, which was a safeguard against bias or prior assumptions. Finally, my academic interests lay in the "education and formation" (the actual title of my PhD track) of spiritual care providers, so I recognized that my project might serve as a basis for future research. In addition, my research was of value to the Spiritual Care Department at the hospital, as it brought attention to their particular approach to education and formation.

Chaplains at my research site are trained under the Theme Approach. The Theme Approach was developed by the Director of Spiritual Care and is unique within the world of CPE. Under this model, students choose a personal spiritual theme upon which to base their learning. Students are encouraged to take a reflective stance on their lives and personal history. Thus, professional formation occurs by "using the student's own spiritual theme as a starting

point for teaching adult spiritual assessment."[1] The concept of "spirituality" is primarily understood as an "encounter" that occurs with another, oneself, or with the transcendent or sacred.[2] In the context of hospital chaplaincy, "encounters" of spiritual significance occur between chaplains and patients, among chaplain colleagues in a supervised setting, and within chaplains as they develop and form a sense of self within that professional role.

My own CPE theme of "Integration" had been such a powerful source of transformation that I also wanted to see how others experienced the Theme Approach. I conducted exploratory research from September of 2019 to March of 2020, interviewing three chaplain interns who participated in back-to-back CPE units (three months at a time) and were supervised by the same Chaplain Educator. I conducted personal interviews and one focus group over the span of six months. In addition, I interviewed the three Educators at the hospital, all of whom had valuable insights on the Theme Approach.

As I based various papers for my doctoral program upon this research, I was seeing my own CPE theme of Integration continue to play out. I saw how theoretical frameworks taught in my classes, such as narrative pedagogies and Internal Family Systems, could be used to interpret my research data. And I was interested in furthering research on the Theme Approach within CPE, using these frameworks.

As COVID-19 began to hit countries around the world, life at the hospital changed accordingly. On Monday, March 9, 2020, the week that pandemic precautions began to hit the U.S., I helped lead a training at the hospital, providing tools for patient care and self-care to my interviewees. The following week, I conducted my final act of research with my participants, in

[1] Marsha D. Fowler and Brenda S. Simonds, "Spiritual Themes in Clinical Pastoral Education," in *Methodist Hospital of Southern California Clinical Pastoral Education Program Readings and Resources* (Arcadia: Methodist Hospital of Southern California CPE Program, 1997), 150.
[2] Fowler and Simonds, "Spiritual Themes in Clinical Pastoral Education," 150.

the form of a focus group. By now, they had journeyed with one another for six months and knew each other's themes intimately. Processing together as a group felt like an appropriate way to end my research.

As fate would have it, their training program ended early, due to rising concerns over the pandemic in Southern California. On Thursday, March 18th, 2020, we gathered at the park for a farewell picnic, in lieu of the graduation service that normally concludes the successful completion of a CPE unit. As we discussed the changes that were occurring in the world around us, there was also a sense of timelessness that only abounds in a group where trust has been built and growth has been shared. Not yet versed in the rules of social distancing, we gave hugs and exchanged good wishes. It was the close to a beautiful chapter of all of our lives. I knew I would hear from these people again, and I felt that I would stay connected with Methodist Hospital. The pandemic was still unfolding, but we had shared an afternoon of not-so-distant socializing, and were all the better for it.

Over the next six months, as the world shut down, I completed my PhD coursework online. Over the summer, I was approached by the hospital about entering a residency program under their supervision, which would allow me to complete three more units of CPE, while also going through my academic year of qualifying exams. Thus it came to be that, one year after completing my first unit of CPE, I embarked on a continuation of my chaplaincy training.
My CPE residency spanned the year of September 2020 to September 2021 and is the backdrop of this study. In order to understand my own experience of the Theme Approach, I draw from relevant theoretical frameworks, recollections from my time in CPE, and reflections from peers who also completed CPE in the same time frame. This chapter describes fundamental characteristics of CPE and the Theme Approach and introduces the direction of my research.

Clinical Pastoral Education as a Site for Integration

Clinical Pastoral Education, or CPE, has existed since the 1920s. Originally, the Clinical Pastoral Education (CPE) model "was created in response to dissatisfaction with the reigning, classic academic model of theological education."[3] As a new form of theological education, CPE trained religious leaders to become chaplains within hospital settings.

Anton Boisen, one of the founders of CPE identified the need to go beyond studying sacred texts and rituals. Through the use of case study method, Boisen developed the concept of teaching and researching "living human documents." The Association for Clinical Pastoral Education defines "living human documents" as "both the people who receive care as well as a study of ourselves, the givers of care."[4] The primary means of studying these "living human documents" is the clinical learning method, which is a model of "action-reflection-new action." This cycle of learning from both action and reflection helps chaplain interns reflect upon the "living human documents" they encounter—patients and their families—and in the process, to form insights and deeper awareness about themselves.

In 1967, various CPE bodies—the Southern Baptist Association of Clinical Pastoral Education, the Lutheran Advisory Council, the Institute for Pastoral Care, and the Council for Clinical Training of Theological—merged into the Association for Clinical Pastoral Education (ACPE). ACPE is accredited by the Department of Education and CPE programs under its umbrella have been used for school credit by seminaries. ACPE has grown to include most of the major faith groups in educational leadership and welcomes students from international backgrounds.

[3] Daniel S. Schipani, "Case Study Method," in *The Wiley-Blackwell Companion to Practical Theology*, ed. Bonnie J. Miller-McLemore (West Sussex: Blackwell, 2012), 93.
[4] "History of CPE.",UCSF Health: Spiritual Care Services, accessed April 11, 2022, https://ucsfspiritcare.org/history-of-cpe/.

Within CPE, there are standard competencies within the categories of pastoral identity, pastoral formation, and pastoral competence, towards which chaplains make progress. As mentioned earlier, the clinical method of learning, described as an ongoing cycle of "action, reflection, and new action," helps students integrate their clinical experiences with their spiritual values. Practically, this means that students spend about 400 hours in "action" on the hospital floors, and 100 hours of classroom time, which help them "reflect" upon their experiences. Students also complete written reflections and assignments, which are presented to the cohort.

The first chaplain at my research site was Howard Clinebell, who worked at the hospital for one year (in 1957) and went on to teach at Claremont School of Theology. Clinebell became "one of the founding fathers of the field of pastoral care and counseling and a strong proponent of the development of Clinical Pastoral Education (CPE) as preparation for ministry."[5] CPE was established at the hospital in the early 1980s and continues to be a reputable program in Southern California; the program also has several satellite programs throughout the region.

Within the world of Clinical Pastoral Education, each hospital has its own unique approach to training spiritual care providers. My chosen research site utilizes the "Theme Approach," which was developed by the Director of Spiritual Care, Brenda Simonds. Under this model, students identify learning goals by choosing themes from their lives and personal history, which impact their professional functioning. Thus, professional formation occurs by "using the student's own spiritual theme as a starting point for teaching adult spiritual assessment."[6]

Graduates of CPE, and in particular, the Theme Approach used by the research site, have attested to its transformative power in their lives. However, the Theme Approach has yet to be studied on an academic level, in terms of what it seeks to accomplish in the formation of

[5] "Introduction to Clinical Pastoral Education" in *Methodist Hospital of Southern California Clinical Pastoral Education Student Handbook* (Arcadia: Methodist Hospital of Southern California CPE Program, 2021), 9.
[6] Fowler and Simonds, "Spiritual Themes in Clinical Pastoral Education," 150.

chaplains and why it has much to contribute to the field of adult education and spiritual formation. My research addresses that problem by studying the Theme Approach in CPE through an autoethnographic study that is collaborative and clinically based.

The Theme Approach is presented to CPE students within the first few weeks of their arrival at the hospital, shortly after orientation. The following description of the Theme Approach is taken from the hospital's CPE student handbook:[7]

I. SPIRITUAL THEME

Identify a 'theme' with significance to your development as a person and chaplain. Think about a core issue that informs your identity and your relationships. It should have both positive and negative aspects and may be expressed in both strengths and weaknesses in your ministry. It may be pervasive in many aspects of your life including your thoughts and feelings about yourself, your relationships with others, and your experience of the Holy. In its fullest sense your theme will have a spiritual dimension but may not be strictly religious or theological.

A. *How does the theme influence your personal identity? Can you discern ways in which your life events and relationships have influenced your sense of yourself and your approach to ministry?*

B. *How does this theme influence your relationships with others? Can you discern ways in which this theme is played out in terms of promoting connection or disconnections with others?*

C. *How does the theme influence your theology/philosophy and personal spiritual journey? Can you discern ways that this theme is expressed in your spiritual life? How does it inform your theological/philosophical understanding?*

II. GOALS AND LEARNING OBJECTIVES

A. *How do you plan to focus on this theme in the context of CPE?*

[7] "Learning Contract," in *Methodist Hospital of Southern California Clinical Pastoral Education Program Student Handbook* (Arcadia: Methodist Hospital of Southern California CPE Program, Summer 2021), 71.

B. *What do you hope to clarify in focusing on this theme?*

C. *What kind of commitment would you like from your peers and Educator to help you work on this theme as a focus of your education for ministry?*

III. OBSTACLES IN REACHING YOUR GOALS

A. *What internal obstacles do you anticipate? How will you address them?*

B. *What external obstacles do you anticipate? How will you address them?*

The questions above are addressed as part of each chaplain intern's learning contract. Whereas most CPE programs ask students to have learning goals directly related to clinical skills, the Theme Approach addresses larger life themes and is truly unique to my research site. Brenda Simonds, the originator of the Theme Approach, writes:

> The learning or growth contract is a customary aspect of the CPE experience. To some extent, growth contracts with specific and measurable outcomes that tend to focus more on tasks, (that is on "doing" rather than on "being") were and to some extent remain the norm. However, encouraging students to identify a single theme that is pressing in their own spiritual development, and understanding how that theme pervades virtually all aspects of their being, (including relationships with God, self and others), allows students to explore more deeply their own issues, including their impediments to care giving. There may be a fear that making the growth contract more abstract, less tangible, less rooted in doing, will render it less measurable and more diffuse; we have found the opposite to be true. Instead, students discover how truly integrated spirituality is, intrinsically, whether their own or that of the patient.
>
> Examples of…themes that might be chosen…include: one's need for control, an unwillingness to take on explicitly priestly authority, a need to please or to be liked, an inability to put language to feelings, a fear of rejection, a fear of ambiguity, an inability to trust one's own intuition, a need to fix or do, or a lack of personal direction…The CPE Educator assists students to discover how their spiritual theme affects their thinking,

> feelings, interactions, that is, their whole way of being-in-the-world…helping the student to become aware of who they are and congruent with who they want to be.[8]

In presenting their spiritual learning theme to their cohort, chaplain interns address how they plan to focus on this theme in the context of CPE and what they hope to clarify in focusing on this theme. They communicate the kind of commitment they would like from their peers and CPE educator to help them focus on this theme as a focus for learning. They also consider both internal and external obstacles they anticipate, and how they will address those obstacles to learning.

As part of the initial process of choosing a spiritual theme, chaplain interns present a lengthy personal narrative to their cohort on "Story Day." This allows students to reflect on what themes have been important to their personal journey. The guidelines for Story Day are as follows:[9]

> Early in the unit each member of the peer group and the ACPE Certified Educator(s) will gather to tell and hear one another's life stories. This is a spoken activity. However, one may find it helpful to reflect on one's own story and to makes notes or an outline of topics or events that need to be sure to include.
>
> Consider:
>
> Yourself as a child
>
> Your family of origin
>
> How these relationships have formed you
>
> Significant events and turning points in your life
>
> Emotional significance
>
> The personal meaning of the event for you

[8] "Learning Contract," 151.
[9] "Telling Our Stories," in *Methodist Hospital of Southern California Clinical Pastoral Education Student Handbook* (Arcadia: Methodist Hospital of Southern California CPE Program, Summer 2021), 68.

Persistent emotions

How you understand your 'core dynamics'

Relationships with others

How you have been affected by those relationships both positively and negatively

Family, friends, mentors, pastors

Your process of vocational discernment

Your experience of God in your life

In thirty to forty-five (30-45) minutes, you won't be able to cover EVERYTHING, so think about what you want to include in your story; YOU are the teller.

Having a written outline may be helpful in order to keep within the time limit. Please bring photographs or other significant objects on story day as well.

N.B. – If you are a continuing student, consider including core themes which you have discerned in your life story and how they have influenced for relationships with self, God, and others.

As with other classroom exercises within CPE, Story Day helps students to see their spiritual themes within their larger narrative. And as students continue to reflect upon their clinical experiences through weekly reflections and verbatims, they are asked to connect those experiences to their personal story and their spiritual theme.

Because CPE is a relational learning environment, students' presentations on Story Day, as well as their presentation of spiritual themes, are not graded or evaluated. Instead, the cohort asks clarifying questions, offers observations, and occasionally gives suggestions for how the student might gain further insight into their experiences. Throughout the eleven to twelve-week process of undergoing CPE, students write weekly reflections about their experiences, which are emailed to their educator and peers and often used by educators as a springboard for discussion

and reflection during individual supervision times. Students also present verbatims, in which patient encounters are recounted, word-for-word.

In one unit of CPE, each student presents four verbatims[10] to their cohort, gaining feedback from their educator and peers on how their spiritual theme applies to their clinical experiences. In comparison with the Spiritual Learning Theme, which is unique to my research site, and Story Day, which is done at some but not all CPE programs, verbatims are the building blocks of much of the learning that occurs in CPE. Because each verbatim entails a word-for-word recounting of a patient encounter, it tells the story of a clinical experience like a retroactive screenplay. In the retelling of the experience, the CPE student also relives it and has an opportunity to reflect upon and assess how they were functioning as a chaplain and how their own identity and spiritual theme played into their dynamic with the patient (and within themselves). In addition to writing out the patient visit word-for-word, chaplains are asked to write to the following prompts: an assessment of the patient; an assessment of the chaplain; an assessment of the spiritual care encounter; a theological or philosophical reflection; and a section in which the chaplain names what areas they would like to consult their peers and educator.

In keeping with the CPE learning method of action, reflection, and new action, students are asked to present verbatims on clinical experiences that needed improvement. This gives their cohort permission to reflect with them—through asking questions or offering suggestions—on what new action they might try in the future, based on the insight gained. Often, students choose to write verbatims based upon a patient encounter that they cannot easily dismiss from their mind, and this is usually because something about the encounter challenged an assumption they had. This kind of "disorienting dilemma" is not only expected, but also encouraged as part of the

[10] See Appendix C for the template for verbatims used in CPE.

learning process within CPE. It is a key component of Transformative Learning Theory, which I describe in the next section.

Transformative Learning Theory in CPE

Mezirow's Transformative Learning Theory is widely used in Clinical Pastoral Education. Mezirow's theory was developed in the context of understanding how adults understand their experiences. Transformative learning theory was developed from a national study of women returning to college who participated in an academic reentry program after a long hiatus from school.[11] Through in-depth interviews with 83 women from twelve programs in Washington, California, New York, and New Jersey, Mezirow recognized a pattern for learning that he identified through four main components: experience, critical reflection, reflective discourse, and action.[12]

These components are further understood through Mezirow's ten steps or phases: [13]

1. A disorienting dilemma
2. Self-examination with feelings of guilt or shame
3. A critical assessment of assumptions
4. Recognition that one's discontent and process of transformation are shared and that others have negotiated a similar change
5. Exploration of options for new roles, relationships, and actions
6. Planning of a course of action
7. Acquisition of knowledge and skills for implementing one's plans
8. Provisionally trying out new roles
9. Building of competence and self-confidence in new roles and relationships
10. A reintegration into one's life on the basis of conditions dictated by one's new perspective.

[11] Edward W. Taylor, "The Theory and Practice of Transformative Learning: A Critical Review," *ERIC Clearinghouse on Adult, Career, and Vocational Education*, Information Series No. 374 (1998), 1.
[12] Sharan B. Merriam, Rosemary S. Caffarella, and Lisa M. Baumgartner, *Learning in Adulthood: A Comprehensive Guide* (San Francisco, CA: Jossey-Bass, 2007).
[13] Taylor, "Theory and Practice," 8.

Mezirow's process of transformative learning pairs well with CPE's clinical learning method of action, reflection, and new action. The hospital context offers an automatic "disorientation" (step 1) for participants' assumptions and tendencies. Walking into patients' rooms without prior knowledge, getting "on call" emergency situations after-hours, and confronting death up-close are just a few of the ways that chaplaincy can be "disorienting" for participants. As they learn the role of the chaplain, they encounter unexpected and sometimes uncomfortable situations, and thus identify areas for personal growth and professional development. After initial disorientation, a period of reflection follows. While not all reflection needs to entail feelings of guilt or shame (step 2), it certainly leads to critically engaging prior assumptions (step 3). Recognizing that one is not alone in the process (step 4) is one of the greatest assets of the cohort structure in CPE, and the exploration of new ways of thinking and behaving are also done in the safety of the group learning context (step 5). As chaplain students think of action steps for new action (step 6), consult their supervisor and peers for the skills needed for those new behaviors through verbatims and supervision times (step 7), and gain confidence (step 9) through trying out those new roles (step 8), they can also utilize their spiritual theme as a means of framing their learning (step 10).

Researching the Theme Approach through CPE

Thus far, I have introduced my argument and provided a description of CPE at my research site, with its accompanying pedagogical philosophies of Transformative Learning Theory and the Theme Approach. In Chapter One, I give a review of literature, introducing Internal Family Systems, narrative and Freirean pedagogies, and virtue ethics as frameworks through which to understand my experiences. The literature shows that the Theme Approach both already demonstrates principles from and can be further enhanced by these frameworks.

Chapter Two outlines the methodology for my research, and my role as a researcher in an autoethnographic study. This chapter delineates why collaborative autoethnography is an especially suitable methodology for understanding the Theme Approach, given my own social location as a researcher. I will detail my theoretical orientation as a researcher as it pertains to the role of the researcher, philosophical assumptions, and approach to qualitative research. Due to the sensitive nature of being in a hospital setting, along with my own employment as a chaplain resident, autoethnographic research offers the richest form of observational data of a chaplain's experiences, without compromising ethical boundaries. In making my research a collaborative autoethnography, verification and triangulation are built into my interpretation and presentation of the data, which include interviews with fellow chaplains who have also been trained under the Theme Approach. This approach offers a variety of perspectives on one kind of experience—variations on a theme.

Chapter Three is the main body of the autoethnography itself, focusing on one especially important year of pandemic (September 2020-2021). I completed my chaplain residency at the research site during this time frame, and my written reflections and assignments from that year will serve as data to be analyzed. I interview ten fellow chaplain interns who experienced CPE in the same time frame that I did. Given that each of my four units of CPE consisted of four to five other chaplain interns, with whom I am still in touch, I enlisted two to three peers from each cohort to participate in interviews. In keeping with the nature of critical autoethnography, I take into consideration participants' social locations, as well as the larger systemic issues that affected our experiences in CPE.

The final chapter integrates my research findings with the theoretical framework, offering new insight on the Theme Approach as a means of formation and transformation within CPE.

For while the Theme Approach has already proven to be effective through anecdotal evidence, my research shows that using Internal Family Systems, narrative and Freirean pedagogies, and an expanded view of virtue ethics further enhances the potential of the Theme Approach. It also discusses implications for how pedagogies similar to the Theme Approach might be used in spiritual communities that foster growth and transformation.

Chapter 1: Framing the Inquiry

This chapter outlines the frameworks that form my theoretical orientation, namely Internal Family Systems, narrative and Freirean pedagogies, and virtue ethics. Writing as a practical theologian, I see these frameworks as being in dialogue with one another. When relevant, I use examples from CPE to demonstrate how these frameworks apply to my research context.

Freirean Pedagogies

My research uses the pedagogy of Paulo Freire and bell hooks to understand CPE. Freirean pedagogies, as will be discussed in my Methodology chapter, have far-reaching impact in both research and education. As will be shown below, bell hooks' engaged pedagogy uses black feminist perspectives to put Paulo Freire's philosophy into practice.

Paulo Freire was a Brazilian educator who engaged in literacy work throughout the world. His seminal work, *Pedagogy of the Oppressed*, offers a dialogical mode of engagement between teacher and student that contrasts with a "banking" model, whereby teachers treat students as blank slates and "deposit" information into their systems. For Freire, learning is a two-way street, in which students' stories and opinions shape those of the teacher, as much as it is the other way around. Teachers must also seek to understand the social conditions inhabited by their students. As Freire often stressed, critically engaging the student-teacher relationship is a philosophical (and theological and ethical) approach, rather than a set of methods.

The recently late bell hooks was a black feminist who developed an engaged pedagogy, influenced by Freire's approach. Like Freire, hooks emphasizes the teacher-student relationship as being very personal, and the responsibility of the teacher is to truly understand their students' lives, families, and living conditions. She writes:

> To educate as the practice of freedom is a way of teaching that anyone can learn. That learning process comes easiest to those of us who teach who also believe that there is an aspect of our vocation that is sacred; who believe that our work is not merely to share information but to share in the intellectual and spiritual growth of our students. To teach in a manner that respects and cares for the souls of our students is essential if we are to provide the necessary conditions where learning can most deeply and intimately begin.[1]

hooks' discovery of Freirean pedagogy was transformative, given her own experience of struggling with feelings of boredom in graduate school under "the banking system of education [which was] based on the assumption that memorizing information and regurgitating it represented gaining knowledge that could be deposited, stored and used at a later date."[2] When she discovered Freire, she found "a mentor and a guide, someone who understood that learning could be liberatory."[3] In true Freirean dialogical fashion, hooks used her background in feminist thinking to critique his work, while also using his pedagogy to critique the limits of feminism.

In her Introduction to *Teaching to Transgress*, bell hooks describes how, as a new teacher at the undergraduate level, she "relied on the example of those inspired black women teachers in my grade school, on [Paulo] Freire's work, and on feminist thinking about radical pedagogy."[4] In other words, hooks integrates three seemingly unrelated sources of influence in her life, in order to shape her own pedagogical framework. For hooks, to be known as a teacher was to pay homage to those educational influences in her own life—some of which were living, breathing examples (such as her grade school teachers, black women whom she saw on a daily basis, during her formative years); others which collectively formed a philosophical backbone (feminist thinkers); and still yet, a mentor and guide with whom hooks became acquainted through his writing, and who would take center stage in her narration: Paulo Freire.

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[1] bell hooks, *Teaching to Transgress: Education as the Practice of Freedom* (New York: Routledge, 1994), 13.
[2] hooks, *Teaching to Transgress*, 5.
[3] hooks, *Teaching to Transgress*, 6.
[4] hooks, *Teaching to Transgress*, 7.

For hooks, teaching is an active integration of one's social location, embodied experiences, and philosophical influences. It also involves putting those factors and influences in conversation with one another, as part of the integration process. hooks describes how she encountered Freire's work "just at that moment in my life when I was beginning to question deeply and profoundly the politics of domination, the impact of racism, sexism, class exploitation, and the kind of domestic colonization that takes place in the United States," and even though Freire's pedagogical experiences were removed from her context, she still "deeply identified with the marginalized peasants he speaks about, or with my black brothers and sisters, my comrades in Guinea- Bissau."[5] It was as if Freire's revolutionary spirit inspired her own longings for change, and it deeply influenced her sense of ownership as an educator.

As a practical theologian, I too partake in the work of synthesizing the examples at my disposal and making meaning in ways that suit my particular intellectual and vocational bent. In this field, locating oneself is not an afterthought, but rather a foundation to making the work a holistic and academically sound endeavor. Qualitative research, which figures heavily in practical theology, champions researcher self-awareness and the ability to draw connections between the author-researcher's framework and those s/he encounters. In my Methodology chapter, I will explore the relationship between qualitative research methods and Freirean pedagogies.

Narrative Approaches

CPE is an educational endeavor that centers story. My understanding of the Theme Approach within CPE is shaped by Stanley Hauerwas' narrative ethics and Frank Rogers' frameworks on narrative pedagogy.

[5] hooks, *Teaching to Transgress*, 69.

Stanley Hauerwas is both a narrative ethicist and (as will be further described in the next section) a virtue ethicist. As an influential theologian whose work encompasses both ethical considerations and narrative approaches, his work is important in my discussion about the virtues of research and pedagogy. By focusing on the narrative component of one's identity, Hauerwas pays attention to the historicity of both the individual and a community as informing their distinctiveness from the world, in a Christian sense. Indeed, Hauerwas emphasizes that Christian community has a call to be, rather than to do, social ethics.[6] Within the medical setting, Hauerwas believes that the most important thing the church can offer the medical community is the gift of presence—to be with those persons who are suffering and in pain.[7]

For Hauerwas, the role of the church is simply to be the church, defying both conservative and liberal thrusts towards activism. Hauerwas strongly believes in the church as an exemplar for society, a church that serves as a mirror and a presence for the society around it. This introduces an interesting and generative tension, one that is revisited by Peter R. Gathje, who points out the limits of Hauerwas' approach to virtue ethics, namely its being conceived of mostly from the viewpoint of white middle-and-upper class Christians.[8]

When I first encountered Hauwerwas' writings, I found myself recoiling at his emphasis on the importance of the church as a presence in the world. As an aspiring chaplain and a woman of color whose primary call was in the "secular" world, I did not see the potency of his call for the church to "be the church"—especially in a world where American churches, led by white male Protestants, seemed to have caused so much harm. As I continued to read Hauerwas,

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[6] See Stanley Hauerwas, "Reforming Christian Social Ethics: Ten Theses (1981)," in *The Hauerwas Reader*, ed. Michael Cartwright and John Berkman (Durham, NC: Duke University Press, 2001).
[7] Stanley Hauerwas, "Salvation and Health: Why Medicine Needs the Church (1985)," in *The Hauerwas Reader*, ed. Michael Cartwright and John Berkman (Durham, NC: Duke University Press, 2001), 554.
[8] Peter R. Gathje, "The Cost of Virtue: What Power in the Open Door Community Might Speak to Virtue Ethics," in *Ethnography as Christian Theology and Ethics*, ed. Christian Scharen and Aana Marie Vigen (New York: Bloomsbury, 2011), chap. 11, ProQuest Ebook Central.

however, I was intrigued by his idea that the self is narratively constituted[9]—subplots, competing allegiances, and all—and that it is in intentionally engaging one's narrative that one discovers a unity of self and is able to see one's self as a gift. Hauerwas' emphasis on the church as a servant community with a peacemaking role is foundational to his ethic;[10] even more importantly, with regards to CPE, his view that Christian community serves as a mirror and counter-balance to the medical community is crucial—particularly the idea that the church models how to be present to suffering.[11]

I learned more about Hauerwas' working class upbringing, found that I could identify with his background in holiness (Methodist) perfectionism and revivalist (Pentecostal) culture, and resonated strongly with his emphasis on friendships and relationships.[12] I also take note of Hauerwas' humor (and love of laughter and conversation); his provocative role (in "promiscuous pew-hopping"[13] and an inter-denominational bent); his personal sorrows (being partnered with a spouse with mental illness); and his reliance on community to find identity (including that of a Christian). These qualities are depicted in a biography by Cavanaugh that is both hagiographical and humanizing. In other words, understanding Hauerwas as "Stan the Man" both humanized him in my eyes—deeper understanding led to more openness to his theology—and also elevated his legitimacy as a useful source and perspective to have.

In reaching a point of being able to critique Hauerwas' stances without outright dismissing their limits, I found that I could engage him as part of the discussion, while relying

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[9] Stanley Hauerwas, "Character, Narrative, and Growth in the Christian Life (1980)," in *The Hauerwas Reader*, ed. Michael Cartwright and John Berkman (Durham, NC: Duke University Press, 2001), 245.
[10] Stanley Hauerwas, "Peacemaking: The Virtue of the Church" in *The Hauerwas Reader*, ed. Michael Cartwright and John Berkman (Durham, NC: Duke University Press, 2001).
[11] Hauerwas, "Salvation and Health."
[12] William Cavanaugh, "Stan the Man: A Thoroughly Biased Account of a Completely Unobjective Person," in *The Hauerwas Reader*, edited by Michael Cartwright and John Berkman (Durham, NC: Duke University Press, 2001), 17-32.
[13] Cavanaugh, "Stan the Man," 22.

upon my own social location as a reliable filter for interpretation. Like bell hooks, who wrote that she felt that Freire "would encourage and support my challenge to his ideas if he was truly committed to education as the practice of freedom,"[14] I felt that Hauerwas could provide a foundation from which to develop my own ideas of chaplain formation. Furthermore, just as hooks "used [Freire's] pedagogical paradigms to critique the limitations of feminist classrooms,"[15] I now seek to use his idea of community, peacemaking, and presence to augment current understandings of learning and formation in the field of chaplaincy.

Hauerwas speaks of the self as a gift—"not something we create, but…a gift."[16] He writes: "descriptively the self is best understood as a narrative,"[17] and "we become who we are through the embodiment of the story in the communities in which we are born."[18] Like bell hooks, Hauerwas also talks about the communities where he was formed, and how he derived his sense of identity from those communities—even long after he had "left" them. Hauerwas left his working class home to enter academia, but "though he may have gone to Yale to determine if Christianity were true, he discovered at Yale that Christianity is in fact verified or falsified in places like Pleasant Grove,"[19] his home community in Texas. It was in embracing his roots that Hauerwas found identity. Thus, "Hauerwas began to attend to his own narrative as a theological resource…as a practice that…resists the storylessness of Enlightenment rationality."[20]

Resisting a hyper-individualized understanding of self necessarily situates one in relation to community, and "thus, we become who we are through the embodiment of the story in the

[14] hooks, *Teaching to Transgress*, 6.
[15] hooks, *Teaching to Transgress*, 6.
[16] Hauerwas, "Character, Narrative, and Growth)," 250.
[17] Hauerwas, "Character, Narrative, and Growth," 245.
[18] Hauerwas, "Character, Narrative, and Growth," 250.
[19] Cavanaugh, "Stan the Man," 20.
[20] Cavanaugh, "Stan the Man," 20.

communities in which we are born."[21] This does not mean that all elements of one's story are easily integrated and reconciled. Indeed,

> we require a narrative that will provide the skills appropriate to the conflicting loyalties and roles we necessarily confront in our existence. The unity of the self is therefore more like the unity that is exhibited in a good novel—namely, with many subplots and characters that we at times do not closely relate to the primary dramatic action of the novel. But ironically, without such subplots we cannot achieve the kind of unity necessary to claim our actions as our own.[22]

If the self is understood as a narrative, then it seems that narrative approaches to learning about oneself are most effective and intuitive, across disciplines.

In the structured learning environment offered by CPE, Hauerwas' view of narrative ethics and virtue ethics brings much pedagogical value. This is particularly the case when Hauerwas' idea of Christian community is reinterpreted to apply to the interfaith chaplain team, and when his notion of text—in his view, the Bible[23]—is adjusted to pertain to "living human documents"—the primary texts studied in CPE.[24] For Hauerwas, the church's role serves as the "community of expounders, interpreters, and hearers" of the Bible, in order for it to remain alive.[25] In CPE, chaplains' view of themselves, their peers, and patients as living human documents means that they also engage actively in the reading and interpreting of life stories.

The importance of story in education is very much at play in CPE and other transformative learning environments. Writing in the context of youth ministry, Frank Rogers Jr. outlines six distinctive approaches to narrative pedagogy: religious literacy, personal identity,

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[21] Hauerwas, "Character, Narrative, and Growth," 250.
[22] Hauerwas, "Character, Narrative, and Growth," 245.
[23] Hauerwas, "The Servant Community: Christian Social Ethics," in *The Hauerwas Reader*, ed. Michael Cartwright and John Berkman (Durham, NC: Duke University Press, 2001), 371, 73.
[24] See Anton T. Boisen, "The Living Human Document," in *Images of Pastoral Care: Classic Readings*, ed. Robert C. Dykstra (St. Louis, MO: Chalice Press, 2005).
[25] Hauerwas, "The Servant Community" 371, 73.

contemplative encounter, creative vitality, critical reflection, and social empowerment. Rogers' work demonstrates how each approach takes on a distinctive assumption "about story, its purpose, and its liberatory power."[26] He also makes clear that "practitioners often combine a number of types in any given program."[27]

Rogers describes the use of narrative pedagogy for religious literacy, asking the question: "How do stories transmit a faith[-related] tradition?" "Grounded in the awareness that certain stories are constitutive of any given faith community, these pedagogies teach for a basic familiarity with that community's essential narratives."[28] I was initiated into the "tradition" by learning about the history of chaplaincy at my particular hospital. What stood out to me was the role of women in the founding of the hospital and in the development of its chaplaincy program. In fact, the director of spiritual care, Brenda Simonds, included her own chaplaincy journey in this narrative. This communicated to me that, as a woman, I had a place in that community, because of the stories associated with the "tradition." Thus, hearing the stories of other women helped me to understand that women did and could figure prominently in the chaplaincy tradition at the hospital.

This falls under Rogers' second approach to narrative pedagogy: personal identity, which asks: "How do stories shape one's sense of self?"[29] As Rogers writes, and in line with Hauerwas' narrative emphasis: "Informed by the insight that identity is narratively constructed, these pedagogies help [students] reimagine their personal life stories through the interpretive lenses of cultural or religious narratives that promise to be both meaningful and liberative."[30] In the same

[26] Frank Rogers Jr., *Finding God in the Graffiti: Empowering Teenagers through Stories* (Cleveland, OH: The Pilgrim Press, 2011), 17.
[27] Rogers, *Finding God in the Graffiti,* 17.
[28] Rogers, *Finding God in the Graffiti*, 17.
[29] Rogers*, Finding God in the Graffiti*, 18.
[30] Rogers, *Finding God in the Graffiti*, 18.

way, the anecdotes that are told during "Story Day" help each chaplain intern—as well as their peers and educator—locate themselves and find themes that are important to their narrative. At the same time that the self is a story, so is telling stories about oneself an entry point into pedagogy. Not only do chaplains teach others about who they are through sharing their stories, but they also lay the foundation for their own learning, based on their narrative journey.

This third narrative pedagogy, contemplative encounter, asks: "How do stories mediate a profound experience of the sacred?" Chaplains might approach this question by asking patients about their life story. This helps patients identify their own spiritual resources to help them cope with their hospitalization. As Rogers writes, "Recognizing that some narrative texts have the power to mediate the presence of God, these pedagogies cultivate a profound indwelling of a story in the hope of experiencing the sacred reality embedded within it."[31]

Because of how integral narratives are to most faith traditions, chaplains necessarily become attuned to how stories have the potential to remind both patients and themselves of the sacredness of each spiritual encounter. Chaplains can learn to ask questions in a manner that teases out patient's stories and how they are interwoven with stories from their faith traditions. As "living human documents," patients become narrative texts, and the very act of bearing witness to their lives invites the presence of the Divine.

Critical reflection, as the fourth narrative approach highlighted by Rogers, asks: "How do stories nurture a critical consciousness?"[32] Critical consciousness is in line with Freirean pedagogies, and will be further delineated in the next section. Critical consciousness is also related with my chosen methodology of autoethnography, the use of personal narrative to understand social conditions, and vice versa.

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[31] Rogers, *Finding God in the Graffiti,* 18.
[32] Rogers, *Finding God in the Graffiti,* 19.

Creative vitality, Rogers' fifth pedagogical framework, asks: "How can stories embolden the artist within?" "Recognizing that artistic expression is intrinsically rejuvenating—a healing journey for some, a spiritual path for others—these pedagogies fan the narrative creativity flickering within each person."[33] As a researcher, writer, and chaplain, working with stories requires and inspires narrative creativity in ways that lead to healing, both for myself and others.

The final theme of Rogers' narrative pedagogies is social empowerment, which builds "on narrative's power in mobilizing social change" and "use story and the stage to…empower the oppressed's collective agency to work toward liberation."[34] Another educator who was influenced by Freire, Augusto Boal, in his *Theater of the Oppressed*,[35] lays the theoretical groundwork for a co-constructive process that elicits participant input in crafting theatrical narrative. In the dialogical spirit emphasized by Freire, this model blurs the line between playwright and actor through creative action that is built upon critical reflection and enacted through performance.

The context of CPE is drastically different from Boal's revolutionary theater of "people singing freely in the open air";[36] yet within the boundaries of the professional setting, its use of narrative can bring in a creative and dramatic element that is "created by and for" the participants.[37] Because much of the verbal processing done in CPE is structured to help participants practice skills they would take onto the hospital floors, any creative pedagogical exercise done in the "reflection" phase—for example, enacting role plays of patient visits—has potential to allow participants to free themselves into action.[38] Thus, in an action-reflection-new

[33] Rogers, *Finding God in the Graffiti,* 18.
[34] Rogers, *Finding God in the Graffiti,* 19.
[35] Augusto Boal, *Theatre of the Oppressed*, trans. Charles A. McBride and Maria-Odilia Leal McBride (New York, NY: Theatre Communications Group, Inc., 1979).
[36] Boal, *Theatre of the Oppressed*, ix.
[37] Boal, *Theatre of the Oppressed, ix*.
[38] Boal, *Theatre of the Oppressed*, 155.

action cycle, chaplains can use creative ways to frame themselves as "actors, transformers of the dramatic action."[39]

Virtue Ethics

The question, "What kind of person do I want to be?" permeates lived experience. In pedagogical settings, both educators and students engage in learning processes to discover what it means to be excellent, in relation to the topic being studied. In autoethnographic research, participants' personhood is better understood through data that "tells" a story about not only how they have been impacted by their experiences, but also what their experiences may have revealed about them.

Whether in educational or research settings, habits form the backbone of personal and professional development. While actions may be viewed as ends in themselves, they also represent the character of the individual performing them. Aristotle and Hauerwas' ideas of virtue ethics that suggest what it means to be an exemplary person or community of persons.

Virtue ethics, in the classical sense, is focused on the character, or the virtues, of the agent. In contrast with deontological (duty-bound) or teleological (consequence-based) frameworks, virtue ethics, or the aretological approach, focuses on the kind of person one wants to become, rather than the kinds of actions one does. Interestingly, the Greek root, *arête*, refers to "any kind of human excellence" for example "the virtue of a great musician…or the virtue of a champion athlete."[40] Thus, virtues are still necessarily bound up with human performance and behavior.

Virtue ethicists of the classical period believed that virtues ultimately benefitted the individual. Aristotle's *Nichomachean Ethics* is the most influential foundational work on virtue

[39] Boal, *Theatre of the Oppressed*, 122.
[40] Robin W. Lovin, *An Introduction to Christian Ethics: Goals, Duties, and Virtues* (Nashville, TN: Abingdon Press, 2011), 188.

ethics. Aristotle situates virtues within mankind's rational faculties. At the same time, "ethics is a practical science which in aim as well as in method differs from the theoretical sciences. For while the aim of the theoretical sciences is study and contemplation, the aim of ethics is to act in a certain way: it is not scientific knowledge but action."[41] Theory always defers to practice, and this is a point I will connect with the work of practical theology and the formation of chaplains. The cultivation of personal qualities, I argue, has direct impact on their performance as helping professionals.

For Aristotle, "moral behavior is acquired by habituation"[42] both through having good examples, as well as through an acquiring of practical wisdom. As Herdt puts it: "For Aristotle, this involved taking stock of [one's] account of habituation in virtue, of what it means to come to act virtuously for virtue's own sake, and of how *eudaimonia* [full human flourishing] can serve as a final end that does not undermine the pursuit of virtue for its own sake."[43] While a virtuous life leads to human happiness and flourishing, that *eudaimonia* is not the reason that virtues are developed.

Aristotle's observations of human behavior led him to conclude that a virtue is the mean of two extremes (one excess and one defect). Thus, each virtue is also accompanied by two vices—one which is the excess version of the quality represented by the virtue, and one which is its deficiency. For example, courage lies at the middle of the extremes of cowardice and recklessness. This, then, is why virtue is acquired through practice, and is a balancing of human tendencies.

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[41] Martin Ostwald, "Translator's Introduction," in *Nicomachean Ethics* (Indianapolis: Bobbs-Merrill Educational Publishing, 1962), xix.
[42] Ostwald, "Translator's Introduction," xix.
[43] Jennifer A. Herdt, *Putting on Virtue: The Legacy of the Splendid Vices* (Chicago: University of Chicago Press, 2008), 11.

Aristotle "opens and ends the *Nicomachean Ethics* by emphasizing that ethics is part of the larger science of politics…for…man is a…social and political being."[44] In connecting ethics with the lens of critical ethnography, it makes sense to recognize, in Aristotle's framework, the idea that "moral action is impossible outside human society, for actions are virtuous or not when they are performed in relation to one's fellow men…For the Greek society and the state were identical."[45] When relating virtue ethics with the work of critical ethnography, we also recognize that any evaluative analysis of a person's behavior must take into account larger social and political systems that affect individual choices and actions.

Martha C. Nussbaum writes that Aristotle has "an interesting way of connecting the virtues with a search for ethical objectivity and with the criticism of existing local norms, a way that deserves our serious consideration."[46] Thus, there is room for a subversive reading of the behaviors that seek to liberate individuals from the status quo. At the same time, in Aristotle's virtues, "we can…identify certain features of our common humanity."[47] The outcome of a life filled with virtues is *eudaimonia*, or full human flourishing.

Augustine was also a eudaimonist who "bequeathed to subsequent Christian thought a positive account of the Christian life as a habituation in virtue, where Christ is the ultimate exemplar of virtue."[48] Coming from a Christian perspective, Augustine's point of view differs from Aristotle in that he distinguishes between pagan virtue (he sees it as prideful) and Christian virtue, which is based on the imitation of Christ. Thomas Aquinas takes this notion further. Framing ethics through "human nature and human action," Aquinas believes that "human

[44] Ostwald, "Translator's Introduction," xxiv.
[45] Ostwald, "Translator's Introduction," xxiv.
[46] Martha C. Nussbaum, "Non-Relative Virtues: An Aristotelian Approach," *Midwest Studies in Philosophy* XIII (1988): 34.
[47] Nussbaum, "Non-Relative Virtues," 48.
[48] Herdt, *Putting on Virtue,* 12.

flourishing—consists in knowing and loving God."[49] His definition of virtue is "'the perfection of a capacity' and 'a habit ordered to action.'"[50] Having Divine exemplars, and a relationship with the Divine, is the key to living.

Jean Porter has written on the tension Aquinas seems to face in his "efforts to reconcile pre-Christian traditions of the virtues with Christianity."[51] Similarly, Stanley Hauerwas and Charles Pinches have also sought to relate "pagan virtue" with Christian values.[52] It seems, then, that virtue ethics are reframed and reinterpreted according to context. In the ways that theologians have sought to reconcile faith with virtue, so too will I relate Hauerwas' Christian vision to a broader spiritual context in chaplaincy.

Writing for the Christian church in a way that provides insights for the chaplaincy context, Hauerwas declares that "Christians are intentionally made by an adventuresome church, which has again learned to ask the right questions."[53] Like Freire, Hauerwas' assumption is that reality is anything but static, and problem-posing is crucial to growth. Put in dialogue with the transformative learning model of CPE, Hauerwas' emphasis on community also affirms the power of narrative exploration through pedagogies such as spiritual themes.

Hauerwas frames community as being tied with a journey:

> The Bible is fundamentally a story of people's journey with God…In scripture, we see that God is taking the disconnected elements of our lives and pulling them together into a coherent story that means something…In trying to make sense of life, when we lack a coherent narrative, life is little more than a lurch to the left, a lurch to the right.[54]

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[49] Rebecca Konyndyk DeYoung, Collen McCluskey, and Christina Van Dyke, "The Virtues," in *Aquinas's Ethics: Metaphysical Foundations, Moral Theory, and Theological Context* (Notre Dame: University of Notre Dame Press, 2009), 129.
[50] DeYoung et al, "The Virtues," 131.
[51] Jean Porter, "The Subversion of Virtue: Acquired and Infused Virtues in the 'Summa Theologiae'," *The Annual of the Society of Christian Ethics* 12 (1992): 19.
[52] See Stanley Hauerwas and Charles Pinches, *Christians among the Virtues: Theological Conversations with Ancient and Modern Ethics* (Notre Dame, Indiana: University of Notre Dame Press, 1997).
[53] Stanley Hauerwas and William H. Willimon, *Resident Aliens: A Provocative Christian Assessment of Culture and Ministry for People Who Know That Something Is Wrong* (Nashville, TN: Abingdon Press, 1989), 19.
[54] Hauerwas and Pinches, *Christians among the Virtues*, 53.

By emphasizing the approach of seeing community as "narratively constituted,"[55] chaplains have a deep and holistic engagement with the virtues needed for being a social ethic[56] within the hospital setting. This ethic of presence is at the essence of the chaplain role. In a setting where medical staff focus on measurable progress and prognosis, chaplains, in contrast, provide care by accompanying patients on their journeys and being present to whatever emotional and spiritual (often unseen) dynamics are at play in a given moment. In this manner, chaplains in the medical world fulfill one of Hauerwas' primary criteria for a community of faith: to serve as a mirror for the rest of society to see itself.[57] Chaplains facilitate patients' accessing of their own spiritual and emotional resources, working with what is already there, rather than distilling advice as if patients are a blank slate.[58] Thus, CPE becomes a space where chaplains become aware of the dynamics in their own lives, as well as those in their patients'.

Both professionally and ethically speaking, the more attuned chaplains are to their own spiritual life themes, the better care they will be able to provide care in the medical setting. According to Bernard Stiegler, "caring…is not only an interpersonal practice with ethical dimensions…[but] it also has a collective and formative dimension."[59] It is in this sense that chaplain formation must occur in a collective context. Thus, Hauerwas' emphasis on the individual's being accountable to a larger community bears weight. As chaplains, "we become who we are through the embodiment of the story in the communities in which we are [trained]."[60]

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[55] Rogers, *Finding God in the Graffiti,* 55-6.
[56] See Hauerwas, "The Servant Community" 374.
[57] Hauerwas, "Salvation and Health," 377.
[58] This mentality, according to Paulo Freire, is the "banking method," and impedes true liberation and empowerment. See Paulo Freire, *Pedagogy of the Oppressed*, trans. Myra Berman Ramos (New York, NY: Continuum International Publishing Group Inc, 2000).
[59] Johannes Rytzler, "Turning the Gaze to the Self and Away from the Self--Foucault and Weil on the Matter of Education as Attention Formation," *Ethics and Education* 14, no. 3 (2019): 287.
[60] Hauerwas, "Character, Narrative, and Growth," 250.

Internal Family Systems

The Internal Family Systems (IFS) model is a psychoanalytic framework that I have found useful in understanding CPE and chaplaincy. Developed by Richard Schwartz, it draws on the multiplicity phenomenon, which is a common thread amongst intrapsychic models, and which acknowledges the presence of subpersonalities within humans. Jungian thought, with its emphases on complexes, describes each complex as having its own personality or set of personalities. Thus, multiplicity is acknowledged as therapists work with clients.

According to Schwartz, the IFS model "produces a form of psychotherapy that is collaborative, nonpathologizing, and enjoyable."[61] This description resonates with my experiences in CPE. Similar to a core belief in chaplaincy that our job is to help others access resources they already have, Schwartz states that IFS "is nonpathologizing in that people are viewed as having all the resources they need, rather than as having a disease or deficits."[62] As with the role of the chaplain, which is to help patients recover the resources they have, and which their current illness and hospitalization might have prevented them from accessing, in IFS therapy, "people are seen as being constrained from using innate strengths by polarized relationships both within themselves and with the people around them. The model is designed to help people release these constraints, thereby releasing their resources."[63]

In IFS, multiplicity is expressed through the "parts" that each person has, with each part behaving as a person with gifts, temperaments, and a backstory. IFS stands at the intersection of the multiplicity phenomenon and an understanding of systems. In other words, IFS brings a systems approach into the multiplicity within humans. What sets apart IFS from other therapeutic models is the fact that it not only recognizes and works with parts, but that it, more importantly,

[61] Richard C. Schwartz, *Internal Family Systems Therapy* (New York: The Guilford Press, 1995), 9.
[62] Schwartz, *Internal Family Systems Therapy, 9*.
[63] Schwartz, *Internal Family Systems Therapy, 9*.

identifies these parts as operating within a system, with patterns and tendencies (and roles). IFS recognizes that each system of parts, embodied within a person, is also influenced by larger systems that exist in families and society. Thus, IFS therapists believe that working with clients also entails asking them about and understanding the systems from which they come, and working on "parts" in relation to how they were shaped by external and environmental factors. Thus, the understanding of systems takes on individual, relational, and systemic layers.

A final distinction that sets apart IFS from other models is its belief in a core Self. While this concept in itself it not unique, IFS sees one's core Self as distinct from, rather than a sum of, all the parts. This means that the core Self has always been in existence, and that is has access to the resources it needs in order to lead an individual. Schwartz describes the Self as "an active, compassionate inner leader, and as an expansive boundaryless state of mind"[64] which helps us connect with ourselves and with others, as well as the universe. The Self is differentiated from one's ego and is instead the "seat of consciousness."[65] It is compassionate and perceptive, and is often characterized by what are called the "8 Cs" within IFS—compassion, courage, confidence, clarity, connectedness, creativity, curiosity, and calm.

As humans are each born with a core Self, so too are we born with certain protective instincts. Our "system" is designed to protect our core Self at all costs. Thus, due to formative experiences, including belief systems and trauma, our internal family system operates through its many parts. It is important to note here that Schwartz speaks of these parts as also existing (in actuality and/or potential) from the beginning. As such, they develop tendencies and roles according to life experience, and it is through such experiences that parts may begin to take over and prevent the core Self from leading the system.

[64] Schwartz, *Internal Family Systems Therapy*, 38.
[65] Schwartz, *Internal Family Systems Therapy*, 39.

Parts can be divided into three categories: Managers, Firefighters, and Exiles. Managers and Firefighters play protective roles, making them Protector parts. Exiles are the most sensitive and vulnerable parts of us, which the Protectors desire to keep hidden, in order to keep the Exiles safe, and also to keep the internal family system safe from the Exiles. These Exiles are often frozen in time, particularly if an individual has experienced some kind of trauma. Thus, they also may "behave" in "young" ways, which cause the Protector parts to play more parental roles. The role of the Manager parts is to keep the Exiles safe at all times. Managers are afraid that the Exiles will rise to the surface, and thus are controlling and intentional. Firefighters come to the forefront whenever an Exile "escapes" the structure and containment of the Manager parts. Firefighters are reactive and will "rush in" to extinguish any "fires" that the Exiles may have lit.

In using IFS as a therapeutic model, therapists often must work with a client's Managers, assuring them that it is safe for all parts—including the Exiles—to come to the surface, in order for the system to function with more health and harmony. For example, if Sadness has been exiled by a client, then the therapist must work with its more "positive" and "happy" parts, which serves as Managers. The story behind these roles might be that as a child, the client was not allowed to show sadness, and feelings of sadness were also accompanied with feelings of shame, in which case these two parts were also in "enmeshment" with each other. As with most therapeutic processes, resistance is to be expected in using the IFS framework. For example, once Sadness begins to surface, it may trigger the Firefighter of Anger, in order to cover up those feelings of shame. Thus, the role of the IFS therapist is to facilitate a client's "parts" in dialoguing with and learning about one another.

In the example above, the Manager parts, which are positive and happy emotions, may be polarized from the Firefighter part of Anger. Polarization occurs when various parts believe that

they must counterbalance one another. In IFS therapy, the process of de-polarization entails interrogating what the polarized parts believe about one another. For example, Anger may believe that the "positive" and "happy" parts of a person are not strong or assertive enough to truly protect the Exiles of Sadness and Shame. Thus, Anger does not trust the Managers—and vice versa. The Manager parts may believe that Anger is rash and destructive and will further harm the system, and thus works very hard to manage the Exiles, so that the Firefighter need not show itself.

The goal of IFS therapy, then, is to establish relationships of trust between a person's various parts, making room for the core Self to shine. In the example above, perhaps one's sense of "happy" and "positive" have been over-functioning, to the point of believing they are part of the core Self. In the family of origin, the aversion to "negative" emotions, such as sadness, shame, and anger, may have been so strongly embedded that the individual began to bear a "burden" associated with this belief. Thus, through the process of "unburdening," the client may begin to recognize that "happy" and "positive" are not actually their true Self—rather parts that, through identification with the Self, have prevented the true Self to lead, and must learn to back off and take a more cooperative role.

In IFS, turning inward is often the first step to developing further understanding and compassion for the parts that make up a system. In giving these parts a story, and recognizing their roles, the therapist and client can then "externalize" the beliefs behind these parts, in order to bear witness to the ways they affect the core Self. When an activating incident occurs, such as the client losing their temper during a therapy session (Anger, the firefighter, coming out to protect Sadness, for example), it can be framed as a "trailhead"—which can potentially lead to a "U-turn," where the client can begin to see the Anger as a part of them, without becoming

defined by the Anger. Instead of thinking, "I am Anger," the client can begin to recognize, "A part of me is really Angry right, and it has a reason to be." Thus, self-acceptance and compassion can begin to change the internal dialogue about various parts.

While IFS was not developed through an explicitly spiritual or religious framework, it works well with spiritual concepts, such as one's Buddha nature, or Christ consciousness. In an interview with Mary Steege, Richard Schwartz speaks of his own opening to spirituality, through his work in IFS, and the recognition of the innate core Self as good and able to help our internal family systems transcend their constraints—which perhaps came from formational beliefs, environmental oppression, and relational trauma.[66] As Schwartz has stated, IFS principles can be adopted for use in many different scenarios, and he encourages applying its principles without feeling the need to use the whole framework. Thus, IFS is a very useful framework, one that I have applied to the chaplaincy context in the course of completing my CPE process.[67]

Current Research on CPE

To date, one article has been written on the Theme Approach, which is the pedagogical method unique to my research site, where I completed four units of CPE. Brenda Simonds, the originator of the Theme Approach, co-wrote the article with Marsha Fowler.[68] In addition to describing the Theme Approach—portions of which are cited in the introductory chapter—the article uses a case study to illustrate how the Theme Approach impacts a CPE student from a Korean cultural background. In addition to the article by Simonds and Fowler, I have written several unpublished papers on the Theme Approach.

[66] See Mary K. Steege, "Spirituality and the IFS Model: Conversation with Richard C. Schwartz, Ph.D," in *The Spirit-Led Life: A Christian Encounter with Internal Family Systems* (2010).
[67] In later sections, I will distinguish between the IFS notion of Self and the idea of self from Hauerwas, when relevant. The two are not interchangeable and are specific to the theoretical frameworks in which they are situated.
[68] Fowler and Simonds, "Spiritual Themes in Clinical Pastoral Education," 150.

After my first unit of CPE, and while enrolled in second-year PhD coursework, I conducted pilot research on the Theme Approach at the hospital and gave a presentation on interviews that I conducted with three CPE students. I then wrote a research paper based on my findings. My research also coincided with smaller papers I wrote that were related to my theoretical orientation: one where I used the Internal Family Systems framework to interpret interviews with three CPE Educators, and another which uses a narrative approach to follow up with the three CPE students previously interviewed for my pilot research.

In a dissertation written about Clinical Pastoral Education (CPE), Christa Compton details her own experiences in CPE as helpful to her in designing her study of others going through of the same process. Thus, Compton's first phase of data collection involves documenting "her own completion of CPE as a participant observer."[69] By describing her own experiences of CPE, in great detail, she introduces readers to what it is like to experience key components of learning to be a chaplain. She then goes on to examine the "personal and professional development of novice chaplains in Clinical Pastoral Education."[70] By focusing on the role of supervisor-educators in CPE, she provides a framework to be applied for teacher education—a hybrid of traditional observation and the "sink or swim" model.[71] Clearly, her experience of CPE educators was significant in her own formation as a teacher.

Other research on CPE situates it within various frameworks, for example the phenomenology of suffering (Mari-Jata, 2012), the ethical dimensions of education (Rytzler, 2019), and Transformative Learning Theory (Jones, 2010). And much has been written to interpret the concept of the "living human document" within CPE.

[69] Christa M. Compton, "Learning from Experience: A Study of Clinical Pastoral Education" (Dissertation, Stanford University, 2007), iv.
[70] Compton, "Learning from Experience," iv.
[71] Compton, "Learning from Experience", 257.

Autoethnography and Identity

I end this review of literature with some references to an autoethnographic master's thesis by Kanchana Henrich, where she explores her internal understanding of her diverse identities and how they contribute to her sense of self as a therapist. While not speaking directly to a particular theoretical orientation for my research, this autoethnography serves as an example for exploring issues of identity through a lens that is compatible with both narrative pedagogies and Internal Family Systems—through understanding oneself as functioning out of many parts of our personalities and life experiences. Rather than limiting her identity to descriptors such as race and gender, Henrich speaks to parts of herself that were formed by particular life experiences, experiences in which she strongly identified with another culture or practice and expressed parts of herself in ways that attuned to those cultures and practices. In justifying autoethnography as her methodology, Henrich writes, "My inability to embrace all of who I am affects various aspects of my life. This includes my work as a clinician in the field of mental health."[72] Her realization that understanding herself was an important component to understanding others (and helping them understand themselves) allowed her to embrace an autoethnographic approach.

[72] Kanchana Henrich, "Towards Integration: An Autoethnography on the Development of Identity" (master's thesis, Columbia College, 2012), 3.

Chapter 2: Methodology

This chapter is a continuation of the "why" of my research and delineates how collaborative autoethnography is an especially suitable methodology for understanding the Theme Approach, given my social location as the researcher. I detail my theoretical orientation as it pertains to the role of the researcher; philosophical assumptions; and approach to qualitative research. I explain my choices around methodology—how I moved from critical ethnography to collaborative autoethnography—and how my own professional circumstances—being employed at the hospital at which my interviewees were trained—prompted careful consideration about the power dynamics that are inherent in research.

While my research is located within the experiences of chaplains who have undergone CPE, it is not so much focused upon the provision of spiritual care in the hospital setting as much as it explores the ways that personal awareness, through the Theme Approach, facilitates deeper understanding of how one's understanding of self shapes one's experiences. When I was attending seminary, I observed the ways that vocational emphases upon developing one's ministry and influence sometimes overlooked a fundamental awareness of selfhood and self-care. Thus, as I embarked upon my own career path in chaplaincy, I became primarily interested in how chaplains are trained and how an approach such as the Theme Approach focused primarily upon self-awareness as the basis of professional competence.

Critical Ethnography for Educational Settings

Before further elaboration on my choice of autoethnography as methodology, I begin with a thorough exploration of how research and education are related. This section examines the working relationship between critical ethnography and Freirean pedagogy. Critical ethnography

is differentiated from ethnography—"the writing of culture"[1]—by the fact that it seeks to engage in dialogue between the researcher and that which she researches, for the sake of not just observing (which is the stance of traditional ethnography), but also transforming the material conditions of those and that which is being researched. Critical ethnography is a praxis that takes its cue from the theory of Paulo Freire, a Brazilian educator whose pedagogy engages educators and students in dialogical processes of learning. Learning, then, is a two-way street, and it occurs for the purpose of liberation and transformation, rather than as a means for teachers to deposit knowledge into their students.

Given that critical ethnography was influenced by Freirean pedagogy, engaging the two forms of praxis should entail a fruitful back-and-forth, with implications for how two expressions of social transformation—research and teaching—might continue to influence one another. Critical ethnography, as an American expression of Freirean pedagogy, both owes its foundations to and also has much to offer educators seeking to express Freirean values in their learning environments. Furthermore, critical ethnography, when applied to pedagogy, works closely with narrative understandings of the self, with larger implications for praxis and ethics.

Ethnographic Elements in Freirean Pedagogy

As Brown and Dobrin have noted, "the origins of critical ethnography are partially rooted in the theories and fieldwork of Paulo Freire."[2] Indeed, Freire can be seen as "an anthropological educator," one who "founded an educational movement based, in part, on conducting an ethnographic evaluation of a community."[3] As Freire himself writes, with regards to his seminal

[1] Robin Patric Clair, "The Changing Story of Ethnography," in *Expressions of Ethnography: Novel Approaches to Qualitative Methods*, ed. Robin Patric Clair (Albany: State University of New York Press, 2003), 3.
[2] Stephen Gilbert Brown and Sidney I. Dobrin, "Introduction: New Writers of the Cultural Sage," in *Ethnography Unbound: From Theory Shock to Critical Praxis*, ed. Stephen Gilbert Brown and Sidney I. Dobrin (Albany: State University of New York Press, 2004), 4.
[3] Brian McKenna, "Paulo Freire's Blunt Challenge to Anthropology: Create a Pedagogy of the Oppressed for Your Times," *Critique of Anthropology* 33, no. 4 (2013): 448-49.

work, *Pedagogy of the Oppressed*: "thought and study alone did not produce…it"—rather, it was "rooted in concrete situations and describes the reactions of laborers (peasant or urban) and of middle-class persons whom I have observed directly or indirectly during the course of my educative work."[4]

The fact that Freire's educational philosophy stems from a stance of curiosity—wanting to understand students and their community—means that the boundaries between a given classroom and the larger context are necessarily porous. In other words, teaching does not happen in a vacuum, and students are not blank slates. Education is a contextual endeavor, and the educator must make an effort to understand the community and concrete lives of those with whom s/he interacts and engages. bell hooks, an American educator who was heavily influenced by Freire, also names knowing one's students as the mark of a good teacher. In her introduction to *Teaching to Transgress: Education as the Practice of Freedom*, hooks writes of the fact that her elementary school teachers "made sure they 'knew' us"—which entailed a deep level of engagement and observation:

> They knew our parents, our economic status, where we worshipped, what our homes were like, and how we were treated in the family…. My effort and ability to learn was always contextualized within the framework of generational family experience. Certain behaviors, gestures, habits of being were traced back.[5]

What bell hooks describes in a few sentences is the work of countless of intentional acts of engagement. The "knowing" she describes is similar to the work of a researcher—an insider-observer—familiar with the context because of her own experiences with it. This "knowing" also consists of nonverbal observations—behaviors, gestures, and habits—that go beyond what might be explicitly stated by students. This ethnographic approach to learning about students, while in

[4] Freire, *Pedagogy of the Oppressed,* 37.
[5] hooks, *Teaching to Transgress*, 3.

the process of teaching them, hearkens to what Freire describes as the role of education in transforming and liberating students—as well as their educators.

In correlating this process of "knowing" with Freire's opening emphasis on "humanization,"[6] I posit that to be known fully is a humanizing process, leading to possibilities of liberation and freedom. Indeed, hooks describes how

> Attending school then was sheer joy. I loved being a student. I loved learning. School was the place of ecstasy—pleasure and danger. To be changed by ideas was pure pleasure…School was the place where I could forget that self and, through ideas, reinvent myself.[7]

That school was a place for transformation and discovery of personal identity for hooks speaks to the ways that being known made her feel free to live into her full humanity. And it was in that context that she grew to love learning, and to engage with and be changed by ideas. Intellectual formation took place with deep emotional tenor.

For Freire, there is always a Narrative at play within an educational process. In an oppressive system, teachers can shape the Narrative and treat their students as blank slates upon which to deposit knowledge—otherwise known as the "banking system."[8] By contrast, under a more humanizing approach, educators and their students can co-create the narrative, through dialogue and mutual understanding.

Dialogue, for Freire, is "a human phenomenon," in which "we find two dimensions, reflection and action, in such radical interaction that if one is sacrificed—even in part—the other immediately suffers."[9] Dialogue consists of the implications of the spoken word, and it "is the

[6] See chapter one in Freire.
[7] hooks, *Teaching to Transgress*, 3.
[8] See chapter two of Freire.
[9] Freire, *Pedagogy of the Oppressed,* 87.

encounter between men,[10] mediated by the world in order to name the world."[11] Similar to what hooks describes, this process also takes on an emotional—and therefore a humanizing—component.

For Freire, dialogue, when founded "upon love, humility, and faith…becomes a horizontal relationship of which mutual trust between the dialoguers is the logical consequence."[12] It is a wholehearted, human endeavor of mutual understanding, of knowing and being known. And because it is a human endeavor, "nor yet can dialogue exist without hope. Hope is rooted in men's incompletion, from which they move out in constant search—a search which can be carried out only in communion with others."[13] Human beings are works in progress, and the act of knowing is also an ongoing process.

Freirean Roots in Critical Ethnography

Brown and Dobrin write, "Critical ethnography…is but one of several discourses that seeks to extend Freirean theory and praxis into American contexts by combining radical pedagogy and writing research."[14] As another scholar has noted, "one of the most potent components of Freire's revolutionary pedagogy is critical ethnography…and intimate intertwining of theory and praxis, ad infin."[15] In the following section, I delineate what Freirean theory and praxis are, in light of the dialogical processes of his pedagogy.

Freire's dialogical attitude towards engaging students meant that teachers allowed themselves to be influenced and shaped by the experiences and observations of their students. This attitude was motivated by his firm belief that "teaching is never merely about skills and

[10] Many, including bell hooks, have critiqued Freire's use of gendered language. See hooks, 48-49. While I agree with the critique, for the purposes of this chapter, I will cite Freire in his original use of pronouns.
[11] Freire, *Pedagogy of the Oppressed,* 88.
[12] Freire, *Pedagogy of the Oppressed,* 91.
[13] Freire, *Pedagogy of the Oppressed,* 91.
[14] Brown and Dobrin, "Introduction: New Writers of the Cultural Sage," 5.
[15] McKenna, "Paulo Freire's Blunt Challenge to Anthropology," 450.

methods. From a Freirean perspective, both teaching and learning are always non-neutral, political and ethical processes."[16] Herein lies the importance of consciousness, both for Freirean pedagogy and critical ethnography.

Freire writes that "humans…because they are aware of themselves and thus of the world—because they are *conscious beings*—exist in a dialectical relationship between the determination of limits and their own freedom."[17] This means that humans can step outside of themselves and their environment, in order to understand themselves in relation to things larger than themselves. It also means they differentiate between things over which they have power and agency, and what limits that freedom.

For Freire, this kind of "critical perception is embodied in action…which leads men to attempt to overcome"[18] the limits in their situation. The human component of putting into practice that which seeks the best freedom reflects Freire's belief that "only human beings *are* praxis—the praxis which, as the reflection and action which truly transform reality, is the source of knowledge and creation."[19] In other words, human beings act upon their reality for the purpose of transformation, and thinking critically, and in dialogue with others, is part of the process.[20]

This process of "conscientization" is not limited to the classroom setting. It is important to remember here that "ethnography grew out of a master discourse of colonization" and that "today, scholars question the legitimacy of that discourse."[21] Robin Patric Clair details "The Changing Story of Ethnography," in which "ethnographers have been known to create or

[16] Peter Roberts, "Teaching as an Ethical and Political Process: A Freirean Perspective," in *Nga Kaupapa Here: Connections and Contraditions in Education*, ed. Vicki Carpenter, Joce Jesson, Peter Roberts, and Maxine Stephenson (South Melbourne, Vic.: Cengage Learning, 2008): 1.
[17] Freire, *Pedagogy of the Oppressed,* 99.
[18] Freire, *Pedagogy of the Oppressed,* 99.
[19] Freire, *Pedagogy of the Oppressed*, 100.
[20] Freire, *Pedagogy of the Oppressed*, 92.
[21] Clair, "Changing Story of Ethnography," 3.

construct the Other as primitive" and where "certain Western scholars evidenced arrogance through their judgmental interpretations of Others."[22]

As mentioned in the previous section, Freire's idea of Narrative is very much relevant to ethnography, in that those whose voices are highlighted become the ones telling the story. In some cases—indeed, for much of ethnography's development—the Narrative was not only about a history of oppression, but it was also itself oppressive. Conscientization, then, means a reexamination of power dynamics within the field of ethnography.

The narrative of critical ethnography, as seen by Clair, comes out of several waves of colonization. After ethnography originated from ancient Greece,[23] it found its way into the mercantilist period in Europe, continuing through the 1800s and interweaving with the slave trade.[24] In a third wave, countries that had colonized others were negotiating their dominance, both in competition with one another, and in "tightening their colonial grip"[25]—eventually triggering the two World Wars. American writer W.E.B. DuBois critiqued "the ravages of imperialism," and between World War I and World War II, writers such as James Joyce and George Orwell took on auto-ethnographic narratives of their personal struggles in the midst of larger economic and ideological conditions.[26]

The latest wave of colonialism, which is linked with capitalism, "led to new forms of ethnography." Among other developments, "the colonized began speaking for themselves…and an era of postcolonialism emerged with an emphasis on…language to create culture as well as to understand culture, to guide inquiry, and to express discoveries."[27] This understanding parallels

[22] Clair, "Changing Story of Ethnography," 4.
[23] See Clair, "Changing Story of Ethnography," 3. Herodotus traveled to the Middle East and wrote in History accounts of other cultures.
[24] Clair, "Changing Story of Ethnography,", 4.
[25] Clair, "Changing Story of Ethnography," 8.
[26] Clair, "Changing Story of Ethnography," 9-10.
[27] Clair, Changing Story of Ethnography,"13.

the Freirean notion of conscientization, as well as his belief that no educational process is neutral. In this "linguistic turn" in ethnography, "Communication and language are never neutral. Communication can be oppressive and act as a means of silencing different groups of people. However, communication also carries with it the possibilities for emancipation."[28]

Herein lies the liberatory praxis of Freirean pedagogies—including bell hooks' education as the practice of freedom—and its relationship with critical ethnographies. As Brown and Dobrin describe it, "critical ethnography lives in the dialectical relationship between the Word and the World: a dialectic that it seeks to regenerate, operating from an assumed faith in the procreative power of any dialectic."[29] In writing ethnography, we discover the potential to critically engage lived experiences in a transformative manner.

What does this look like? Brown and Dobrin further elaborate: "This reconfigured praxis seeks to actualize both aspects of the Freirean educational dialectic, in which critical analysis of localized and politicized problems is but a springboard into meaningful action to mitigate, legislate, or eliminate those problems."[30] A far cry from constructing descriptions of the Other, critical ethnography is change-oriented.

This renegotiation of priorities also necessitates a rearrangement of power dynamics. In critical ethnography,

> The activating agent for this analysis-into-action dialectic is the ethnographer-other dyad: is the emerging, peerlike partnership between ethnographer and participant in which the student-other is empowered as a coinvestigator of a problem that is critically analyzed in collaboration with the ethnographer as a precondition for evolving an action plan to meaningfully and effectively engage the problem.[31]

[28] Clair, Changing Story of Ethnography," 15.
[29] Brown and Dobrin, "Introduction: New Writers of the Cultural Sage," 4.
[30] Brown and Dobrin, "Introduction: New Writers of the Cultural Sage," 5.
[31] Brown and Dobrin, "Introduction: New Writers of the Cultural Sage," 5.

Just as the boundaries between classroom and community become porous in Freirean pedagogy, so does the demarcation between researcher and participant become blurred. The ethnographer is a facilitator of research and actively involves the collaboration of their participant as a research partner, seeking not only their experiences, but also their expertise.

Narratives of Awareness

Stage and Mattson write, "Ethnography is a tool that will enable researchers to understand how others view their experience."[32] Interviews and observations form the backbone of ethnographic research, and the "primary method is fieldwork, which consists of intense periods of living with the people being studied."[33] Thick descriptions help situate the experiences of individuals in a culture-sharing group.

In critical ethnography, it is crucial that "researchers engage in dialogue with research participants, thereby redefining the participant role as one of coproducer of knowledge."[34] Critical ethnography seeks to level the playing field, so that "those who will be defined"—those whom the ethnographer seeks to study and understand—have "an opportunity to participate in their portrayal."[35] This is in stark contrast with the ethnographer having full say over how they narrate the story of their "subjects."

Stage and Mattson "suggest that interviews be approached as contextualized conversations."[36] As they explain further, "contextualized conversations have the goal of answering research questions, however, they require researchers to pause and reflect on context

[32] Christina W. Stage and Marifran Mattson, "Ethnographic Interviewing as Contextualized Conversation," in *Expressions of Ethnography: Novel Approaches to Qualitative Methods*, ed. Robin Patric Clair (Albany: State University of New York Press, 2003), 99.
[33] Mary De Chesnay, "Overview of Ethnography," in *Nursing Research Using Ethnography: Qualitative Designs and Methods in Nursing*, ed. Mary De Chesnay (New York: Spring Publishing Company, 2014), 2.
[34] Stage and Mattson, "Ethnographic Interviewing as Contextualized Conversation," 100.
[35] Stage and Mattson, "Ethnographic Interviewing as Contextualized Conversation," 100.
[36] Stage and Mattson

and include research participants in a reciprocal process."[37] To the extent that the researcher shows awareness, research participants are also invited to reflectively and proactively contribute to the narrative in a way that brings awareness to their context.

Researcher reflexivity is key in the process of interacting with research participants, particularly if the process is truly to be collaborative and mutually enriching. This requires a degree of self-awareness, as well as awareness of potential power dynamics, and the social locations and embodied experiences of their research participants. As Krizek observes, "the ethnographic excavation of personal narratives will, at times, intersect with the primary identities and personal narratives of the ethnographer."[38] This means that there is no such thing as an entirely "objective" process on the part of the researcher, who is observing and interacting with research participants as a human beings whose "primary identities include [their] most significant social and professional roles as well as the most compelling and meaningful experiences of [their] lives."[39]

Speaking from his own experiences, Krizek goes on to say that, "as an ethnographer interested in excavating personal narratives in order to understand aspects of lived human experience, I move between the roles of editor and author in my ethnographic representations."[40] At the same time that the researcher acknowledges her or his particular lens, through which s/he interprets that which is observed, the researcher also seeks to refine their understanding of self through engaging with those around them. Krizek concludes, "The ethnographer should, I would

[37] Stage and Mattson, "Ethnographic Interviewing as Contextualized Conversation," 103.
[38] Robert L. Krizek, "Ethnography as the Excavation of Personal Narrative," in *Expressions of Ethnography: Novel Approaches to Qualitative Methods*, ed. Robin Patric Clair (Albany: State University of New York Press, 2003), 147.
[39] Krizek, "Ethnography as the Excavation of Personal Narrative," 148.
[40] Krizek, "Ethnography as the Excavation of Personal Narrative," 149.

hope, be a person who devotes time to understanding him or herself. If we are the research instrument then we should have some grasp of who we are and what's important to us."[41]

Moving from Ethnography to Autoethnography

Autoethnography—"cultural analysis through personal narrative"[42]—is yet another form of narrative awareness within critical ethnography. Autoethnography "is a method that allows for both personal and cultural critique."[43] In keeping with Freirean principles of the non-neutrality of educational processes, critical autoethnography situates "lived experiences enacted within social locations situated within larger systems of power, oppression, and social privilege."[44]

This form of engagement and awareness brings dialogue to a deeper level than what is being said. It requires a consciousness of what other factors are at play, and what interweaving narratives on societal, cultural, individual, and interpersonal levels are "saying" in both spoken and unspoken ways. In critical autoethnography, researchers "write as an Other, and for an Other."[45] As such, "autoethnography is a powerful method for working with topics of diversity and identity" because it "is predicated on the ability to invite readers into the lived experience of a presumed 'Other' and to experience it viscerally."[46]

Autoethnographic research methods bring unique contributions to critical ethnography and can be used in specific settings that involve both pedagogy and narrative research. In the next section, I present a case for the importance of autoethnography within Clinical Pastoral Education, a training program for chaplains. Combining research with pedagogy can be transformational, I posit.

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[41] Krizek, "Ethnography as the Excavation of Personal Narrative," 148.
[42] Robin M. Boylorn and Mark P. Orbe, "Introduction: Critical Autoethnography as Method of Choice," in *Critical Autoethnography: Intersecting Cultural Identities in Everyday Life*, ed. Robin M. Boylorn and Mark P. Orbe (Walnut Creek, CA: Left Coast Press, Inc., 2014), 17.
[43] Boylorn and Orbe, "Introduction," 17.
[44] Boylorn and Orbe, "Introduction," 19.
[45] Boylorn and Orbe, "Introduction," 15.
[46] Boylorn and Orbe, "Introduction," 15.

Pedagogy and Praxis

Paulo Freire touches on the importance of themes in understanding humans' relationships with their historical times and circumstances.[47] One of the ways that Paulo Freire engaged students in the co-creation of narrative was through "problem-posing education."[48] In this process, educators and students investigate "generative themes"[49] in what they observe. It is striking how much overlap there is in the words Freire uses and key concepts from ethnography—part of the task of education is to observe and interview communities and for investigators to sift through themes and how they are codified. Using a structure called "cultural circles," educators engage participants in dialogue about various social topics.[50]

Freire writes, "from the very beginning, thematic investigation is expressed as an educational pursuit, as cultural action."[51] Although his fieldwork was conducted in the Latin American cultural context, and amongst the poor, Freire's methodology has profound implications for educators in various settings. Indeed,

> because this view of education starts with the conviction that it cannot present its own program but must search for this program dialogically with the people, it serves to introduce the pedagogy of the oppressed, in the elaboration of which the oppressed must participate.[52]

We see how much critical ethnography takes it cue from Freirean methodology, whereby participants engage both in the writing of the narrative, as well as in their own liberation. In the next section, I seek to apply this educational research to the chaplaincy context.

Clinical Pastoral Education, or CPE, is a hospital-based educational program designed to train chaplains through professional encounters with patients, supported by personal reflections

[47] Freire, *Pedagogy of the Oppressed,*101.
[48] Freire, *Pedagogy of the Oppressed,* 110.
[49] Freire, *Pedagogy of the Oppressed,* 110.
[50] Freire, *Pedagogy of the Oppressed,* 122.
[51] Freire, *Pedagogy of the Oppressed,* 111.
[52] Freire, *Pedagogy of the Oppressed,* 124.

in a learning cohort. Using the model of action-reflection-new action, CPE educators facilitate open group processing, written analyses of verbal encounters with patients, individual supervision and written reflections, and learning contracts centered on student's own goals.[53] The interplay between personal reflection and group processing lends itself to an understanding of the profession of chaplaincy—and the processes of engaging in spiritual care of patients—through the narratives of individual reflections.

CPE engages a parallel process between students' professional training and their personal growth. As they build areas of pastoral reflection, pastoral formation, and pastoral competencies, students interns focus on honing the primary tool for chaplaincy—themselves. In the process, they discover how their personal narratives and themes affect their understanding of the professional role.

In a sense, what CPE asks students to engage in is the first step in autoethnography. Interacting with peers and patients within an organizational framework provides a space in which to engage

> the complex ways in which their own identities are best understood through exploration of intersectionality—the cultural synergy that is created through interactions of race/ethnicity, gender/sex, socioeconomic status, sexuality, nationality, age, spirituality, and/or abilities.[54]

All the factors listed above inform chaplains' interactions with patients—their own identities impact how they view and engage with others. This awareness also helps them to be mindful of how patients' identities affect their hospitalization experiences.

The role of dialogue, then, is key to facilitating deep enough understanding for students to be actively engaged in their learning process. Dialogue within CPE happens on several levels:

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[53] Within CPE, and for the purposes of this chapter, I will use "chaplain interns" interchangeably with "students." I will also refer to CPE "educators" as "supervisors."
[54] Boylorn and Orbe, "Introduction," 16.

chaplain interns have conversations with patients during their clinical hours, during which they provide spiritual care and emotional support; chaplain interns also discuss their growth process with their learning cohort, during group times and individual supervision with an educator; finally, chaplain interns become aware of their internal dialogue, which affects how they interact with and interpret external events.

bell hooks writes: "to engage in dialogue is one of the simplest ways we can begin as teachers, scholars, and critical thinkers to cross boundaries"[55] In her chapter titled "Creating Pedagogical Communities," she writes about "border crossings" that know no limits, and she models a dialogue between herself (a black woman) and a white male colleague. What hooks does is akin to a clinical verbatim in CPE, where students record, word-for-word, particular patient visits that offer points of reflection for some of the dynamics at play as they "encounter"[56] both themselves and others as "living human documents."[57] Dialogue, it seems, is the thread that creates narratives of awareness, whether it be dialogue within a person reflecting on how their experiences shape their interpretations, or whether it be dialogue between parties.

Taking on the ethos of critical ethnography has renewed implications for pedagogy that seeks to be transformative. As bell hooks writes, "'critical thinking [is] the primary element allowing the possibility of change."[58] Critical engagement is a relational process that involves dialogue; it is not merely a cerebral process. Elsewhere, hooks emphasizes the importance of recognizing the embodied experiences of both students and teachers. This is another element of pedagogy that, when approached from a lens of critical ethnography, remembers to observe participants in dialogue in the context of their social location.

[55] hooks, *Teaching to Transgress,* 130.
[56] See Simonds and Fowler, "Spiritual Themes in Clinical Pastoral Education."
[57] "History of CPE."
[58] hooks, *Teaching to Transgress,* 202.

Ideally, a conscientious modeling of self-awareness and awareness of others starts from the position of the CPE educator, as they engage with student interns. hooks observes:

> Many professors remain unwilling to be involved with any pedagogical practices that emphasize mutual participation between teacher and student because more time and effort are required to do this work. Yet some version of engaged pedagogy is really the only type of teaching that truly generates excitement in the classroom, that enables students and professors to feel the joy of learning.[59]

Engaged pedagogy is "demonstrated through pedagogical practices." As a starting point, "the professor must genuinely value everyone's presence. There must be an ongoing recognition that everyone influences the classroom dynamic, that everyone contributes. These contributions are resources."[60] Educators who are willing to embark on "some version of engaged pedagogy" remain open to their own growth process. Like critical ethnographers, they value students as contributors, and they resist oppressive dynamics by critiquing established patterns and assumptions.

Narrative matters, as we have noted with Freire in previous sections. hooks' narration of the process of engaged pedagogy also reflects a dialogical stance that serves critical ethnographers and chaplain educators. She wrote *Teaching to Transgress* "with the understanding that I was speaking to and with both students and professors"[61] But, on a more profound level, hooks was writing her own experiences into her philosophy of teaching and learning. Her autoethnographic tone transforms the work into an intimate account—and a constructive critique—of the world of education, from her perspective.

Both the pedagogical modeling of educators and the writing of researchers form a praxis of engagement that Freirean thought deems as a human endeavor. In chaplaincy formation,

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[59] hooks, *Teaching to Transgress*, 204.
[60] hooks, *Teaching to Transgress*, 8.
[61] hooks, *Teaching to Transgress*, 9.

students learn to create dialogue in the safe structure of their learning cohort. They learn to speak and listen to others on others' terms—in a similar manner to the critical ethnographer's attempt to highlight the authentic voices of their research participants.

By structuring her book as a collection of essays, hooks reflects a firm belief:

> We communicate best by choosing that way of speaking that is informed by the particularity and uniqueness of whom we are speaking to and with. In keeping with this spirit, these essays do not all sound alike. They reflect my effort to use language in ways that speak to specific contexts, as well as my desire to communicate with a diverse audience. To teach in varied communities not only our paradigms must shift but also the way we think, write, speak. The engaged voice must never be fixed and absolute but always changing, always evolving in dialogue with a world beyond itself.[62]

There is a skill in this kind of adapting, a conscientious allowing of others to shape our own narration of an experience.

Chaplains seek to lift up their patient's experiences and beliefs, and to accompany them in their process of finding resilience and meaning from their hospitalization. It is the patient's narrative that shapes the chaplain's engagement, and it is up to the chaplain to enter into the patient's experience as a supportive presence. hooks writes similarly of the concept of "bearing witness to education as the practice of freedom," and proclaims that her essays "stand as testimony"[63] to the process. By speaking from her own experiences, and describing education through that self-awareness, hooks in turn enlightens us on the state of education as a whole.

Describing her essays as "multilayered" and reflective of her "experience of critical discussions with teachers, students, and individuals who have entered [her] classes to observe,"[64] hooks emphasizes the communal and co-creative process of education. For, "long before a public ever recognized me as a thinker or writer, I was recognized in the classroom by students —seen

[62] hooks, *Teaching to Transgress*, 11.
[63] hooks, *Teaching to Transgress*, 11.
[64] hooks, *Teaching to Transgress*, 11.

by them as a teacher who worked hard to create a dynamic learning experience for all of us."[65] The emphasis on the experience as one being shared by teachers and students alike mirrors the critical ethnographer's refusal to see their research participants as Other—but rather as co-researchers.

As the previous sections have emphasized, researchers and educators benefit greatly from Freire's example that "education can only be liberatory when everyone claims knowledge as a field in which we all labor."[66] Re-distributing both agency and responsibility is no small feat, and requires the humanization and liberation of all those involved. hooks writes,

> That notion of mutual labor was affirmed by Thich Nhat Hanh's philosophy of engaged Buddhism, the focus on practice in conjunction with contemplation. His philosophy was similar to Freire's emphasis on "praxis"—action and reflection upon the world in order to change it.[67]

Indeed, hooks cites, in addition to Paulo Freire, the Vietnamese Buddhist monk Thich Nhat Hanh as "two of the 'teachers' who have touched me deeply with their work.[68] The influence of these two men, from different cultures, upon hooks, is an example of the "border crossing" that she espouses. Together, they co-"taught" a praxis of action and reflection that took on a spiritual component—a holistic and contemplative way of being and doing.

Herein lies the radical nature of engaged pedagogy, Freirean philosophy, and the impulses that lie behind critical ethnography. As hooks reflects,

> In his work Thich Nhat Hanh always speaks of the teacher as a healer. Like Freire, his approach to knowledge called on students to be active participants, to link awareness with practice. Whereas Freire was primarily concerned with the mind, Thich Nhat Hanh offered a way of thinking about pedagogy which emphasized wholeness, a union of mind, body, and spirit. His focus on a holistic approach to learning and spiritual practice enabled me to overcome years of socialization that had taught me to believe a classroom

[65] hooks, *Teaching to Transgress*, 11.
[66] hooks, *Teaching to Transgress*, 14.
[67] hooks, *Teaching to Transgress*, 14.
[68] hooks, *Teaching to Transgress*, 14.

> was diminished if students and professors regarded one another as "whole" human beings. [69]

Without naming it as such, Thich Nhah Hanh's mindset speaks to the holistic approach emphasized in critical ethnography—the importance of seeing both teachers and students as whole people, with feelings, physicality, and spirituality. Only then can students—and research participants—be fully understood and given a voice to shape the process. Thus, practice is contingent upon this kind of human-centered awareness. And only then is the practice of freedom fully possible.

Cultural and Ethical Implications

In the previous section, I have attempted to interweave common threads from the pedagogy and praxis that have shaped—and can be re-shaped by—critical ethnography, framing hospital-based CPE as one potential "site" for both research and learning. We come now to the intersection of chaplain formation, critical research, and liberative pedagogy, along with the implications that Freirean pedagogy and critical ethnography have on one another. Starting with individuals allow for a humanizing process to guide what Freire has called "conscientization." The autoethnographic tone of bell hooks' *Teaching to Transgress* offers more than a window into her experiences as an educator. It also critiques the larger culture of academic and education, from a particular vantage and view.

Boyle and Parry have written about how "the ethnographic process has always been an essential way of studying culture, including organizational culture."[70] They propose autoethnography as a means of "linking the micro with the meta"[71] in that

[69] hooks, *Teaching to Transgress*, 14-15.
[70] Maree Boyle and Ken Parry, "Telling the Whole Story: The Case for Organizational Authoethnography," *Culture and Organization* 13, no. 3 (2007): 185.
[71] Boyle and Parry, "Telling the Whole Story," 186.

> the intensively reflexive nature of autoethnography as an autobiographical form of research allows the organizational researcher to intimately connect the personal to the cultural through a 'peeling back' of multiple layers of consciousness, thoughts, feelings, and beliefs.[72]

Organizations are made up of people, and choosing to study organizational culture by beginning with individual narratives recognizes the ways that individual narratives both shape and are shaped by the dynamics at play in the overall environment. It is, in effect, a narrative understanding of institutional realities.

Understanding the narratives that shape an organization has not only beneficial implications for its overall culture, but even ethical ones. As Jim Thomas has noted, "in the past decade, critical ethnography has moved from the periphery of scholarly attention to the forefront, spreading from the traditional social sciences into other disciplines, such as education, business, and nursing."[73] Any pedagogical or research endeavors in the healthcare setting, must concern itself with ethical practice. From the lens of critical ethnography, ethics also involves an awareness of "the imbalance of power that disenfranchises marginalized people" so that efforts can be made "to change the culture so the oppressed are set free."[74]

In conducting ethnographic research within hospital-based chaplaincy training programs, educators and researchers might take cues from the field of nursing. The first doctoral degree in anthropology was actually awarded to a nurse.[75] As Mary De Chesnay notes, "after the first generation of anthropologists who were first nurses, nurse-researchers tend to choose focused ethnographies,"[76] which is characterized by "intense but not necessarily continuous period of

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[72] Boyle and Parry, "Telling the Whole Story," 185-86.
[73] Jim Thomas, "Musings on Critical Ethnography, Meanings, and Symbolic Violence," in *Expressions of Ethnography: Novel Approaches to Qualitative Methods*, ed. Robin Patric Clair (Albany: State University of New York Press, 2003), 45.
[74] Chesnay, "Overview of Ethnography," 7.
[75] Chesnay, "Overview of Ethnography," 6.
[76] Chesnay, "Overview of Ethnography," 7.

participant observation, interviews with key members of the culture who are willing to be interviewed in depth, and a collection of specific data that relate to a narrower research question."[77] Critical ethnography "is appealing to nurses, whose work usually involves caring for vulnerable populations."[78]

Using the dimensions of a focused ethnography, the researcher can looks at cultural factors within a narrower scope of inquiry—such as the relationship between personal formation and professional development. Similarly, CPE educators can facilitate autoethnographic reflections among their students, creating narratives of awareness as students understand themselves deeply and learn to dialogue with others with greater sensitivity. Working with individual chaplain students as they encounter patients becomes a way to understand larger dynamics at play in the hospital.

Critical autoethnography holds promise for refining pedagogical processes that seek to be truly transformative. The examination of external oppressive structures, as well as internalized oppression, that affect individual participants provides a foundation of critical thinking that leads to a praxis of action and reflection geared towards enacting change. Ultimately, it seeks to liberate educators and students alike, for in the words of bell hooks:

> To educate as the practice of freedom is a way of teaching that anyone can learn. That learning process comes easiest to those of us who teach who also believe that there is an aspect of our vocation that is sacred; who believe that our work is not merely to share information but to share in the intellectual and spiritual growth of our students. To teach in a manner that respects and cares for the souls of our students is essential if we are to provide the necessary conditions where learning can most deeply and intimately begin.[79]

[77] Chesnay, "Overview of Ethnography," 9.
[78] Chesnay, "Overview of Ethnography," 7.
[79] hooks, *Teaching to Transgress,* 12.

Action, Reflection, and New Action in CPE

This next section describes my process of moving from an ethnographic stance of research, towards choosing a specifically autoethnographic approach. As mentioned previously, my research at Methodist Hospital of Southern California, prior to beginning my residency, was backgrounded by positive personal experience at the site and grew out of intellectual curiosity about the relationship between professional training and personal growth. Conducting interviews helped me to understand others' experiences in CPE, as well as my own values as a researcher.

As part of my research paper, which grew out of the interviews, I wrote:

> If this research project is the start to further partnership with this particular CPE program, then it has been a good start. I agree with the perspective in critical ethnography that research conducted by an "insider" can do more justice to participants, because it is built on a foundation of trust. The self-reflexivity I engaged in was, at times, overwhelming and all-consuming. I put pressure on myself to do justice to the generosity shown by my participants and gatekeeper. And yet, my final site visit showed me that, despite how invested I felt in the playing out of the Theme Approach in the lives of Participants A, B, and C, there was a healthy distance and boundary between researcher and research site. The balance of the personal with the professional was what made the qualitative research process relatable, reliable, and worthwhile.[80]

Based on interviews with my research participants, I recognized that choosing their own Spiritual Themes provided both the freedom and structure to frame their learning process and clinical experience. I also realized that, for them, learning was very much a dialogical process, between chaplain interns and their peers and CPE Educator.[81]

As the researcher, I was constantly aware of (and wondering about) how my participants viewed me. Although I received nothing but positive feedback and contribution, I still worried about whether my research brought value to anyone but myself. Because participation was

[80] Natasha Huang, "Choose Your Own Theme: A Transformative Approach to Chaplaincy Training," Field Research in Cultural Studies (class paper, Claremont Graduate University, Claremont, CA, 2019), 52.
[81] As a researcher, I also engaged in action (interviewing) followed by reflection (timely analysis of notes) followed by further action (additions and modifications to my research methods). I also tried to be as transparent as possible with my research participants, making my own learning process "dialogical."

voluntary and took extra time out of their workweek, I was extremely grateful for their time and wished I could repay my interviewees (beyond the occasional snacks I brought as tokens of gratitude).

I was also cognizant of how gaining access to participants' personal thoughts and professional experiences gave me a certain privilege, and I was very mindful of keeping all that was shared confidential. Thus, I limited my interactions with the research site "gatekeeper," and I took care not to mention participants to one another, with the exception of mentioning logistical things—such as one participant being gone one week, due to a heavy overnight on-call, or the fact that all participants were considering coming back for another unit, at the time of the final interview. Because of the frequency of interviews, I hoped to establish enough trust where participants felt comfortable sharing their experiences with me. Furthermore, I sought to be well-acquainted with them, enough to be able to interpret and present their statements in a manner that was congruent with their original meaning and intent.

To me, transparency was of utmost importance, so as much as possible, I reflected back to participants the ways in which I was interpreting their sharing. A week after my final interview, and prior to presenting my findings with my research advisor and classmates, I offered a power point presentation to participants at the research site and asked for feedback. This allowed me to see and hear participants' reactions to what I had to say, and it provided a healthy "conscientization"[82] of both the power and limits of interpretation in research. As participants commented on the importance of clarifying terms (such as "authority") and the sub-themes that were emerging from their Spiritual Themes (such as "stillness"), they also indicated that interviews had been helpful for their own processing and end-of-week-debriefing, and that they looked forward to a more detailed written report.

[82] I use this term knowing that critical ethnography has been influenced by the work of Paulo Freire.

In the course of my initial research, I realized that while Transformative Learning Theory was a helpful framework through which to understand the CPE learning process, the use of Themes—Spiritual Themes in particular—brings an additional layer of depth. Indeed, involving students' spirituality had potential for transformation that could bring healing and actualization, from the inside out. Thus, I conducted additional interviews with three CPE Educators that looked at the Theme Approach through a more therapeutic lens, such as Dr. Richard Schwartz's Internal Family Systems. Those interviews at the research site shed light on how choosing themes can facilitate healing in unique ways, providing a theoretical backdrop for how I entered my CPE residency a year later.

Qualitative Research Approach

As I went through my residency from the perspective of both a researcher and a CPE student, I found myself applying the values of critical ethnography towards my understanding of my role as a chaplain. I began to understand how my social location informed my professional presence and influence. Thus, I recognized that my understanding of the role of research and education is influenced by Freirean pedagogy and critical ethnography.

What became more clear to me as my residency progressed was the ways that I had often refused to center my own narrative in the past, choosing instead to "hold space" for others out of a need to be helpful. Not only was this behavior congruent with my personality profile (being a "helper" in the Enneagram framework and being a "healer" in the Myers-Briggs profile), but it also came from the ways I had been conditioned by society to act as an Asian American woman. While these dynamics will be further explored in the next chapter, suffice it to say that it was in claiming the importance of my own narrative that I arrived at the position of choosing an autoethnographic approach to this research.

Autoethnography—"cultural analysis through personal narrative"[83]—is a personalized form of narrative awareness within critical ethnography. Autoethnography "is a method that allows for both personal and cultural critique."[84] Critical autoethnography situates "lived experiences enacted within social locations situated within larger systems of power, oppression, and social privilege."[85] This form of engagement and awareness brings dialogue to a deeper level than what is being said on the surface. It requires a consciousness of what other factors are at play, and what interweaving narratives on societal, cultural, individual, and interpersonal levels are "saying" in both spoken and unspoken ways.

In critical autoethnography, researchers "write as an Other, and for an Other."[86] As such, "autoethnography is a powerful method for working with topics of diversity and identity" because it "is predicated on the ability to invite readers into the lived experience of a presumed 'Other' and to experience it viscerally."[87] During my time in CPE, I often described myself with descriptors such as "Asian American," "Millennial," and graduate student. These are categories I also used to describe myself when writing Verbatims—for example, in the section where chaplains list demographic information for themselves and compare their social location to that of their patients. As a practical theologian, I would situate myself as a presumed "Other," according to dominant culture, with a specific lens for examining systemic realities and oppressive structures. And there are also parts of myself that have to do with various facets of my upbringing, which contribute to an internal sense of identity (for example, my "personality profile" according to the Myers-Briggs type indicator) that is unique and in tension with more general labels of race, gender, socioeconomic status, and physical ability and health.

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[83] Boylorn and Orbe, "Introduction," 17.
[84] Boylorn and Orbe, "Introduction," 17.
[85] Boylorn and Orbe, "Introduction," 19.
[86] Boylorn and Orbe, "Introduction," 15.
[87] Boylorn and Orbe, "Introduction," 15.

Autoethnographic research methods bring unique contributions to critical ethnography, and it can be used in specific settings that involve both pedagogy and narrative research. Based on my interviews with chaplain peers, I will present in the next chapter a case for the importance of autoethnography within Clinical Pastoral Education, a training program for chaplains. I seek to explore how combining research with pedagogy might be transformational for both teachers and students alike.

Philosophical Assumptions/Worldview

My research is based on the assumption that knowledge is embodied and experiential. This epistemology implies that the research participant is the expert on their experience, and that their memory of it is valid, even if interpreted through subjective lens. My main framework for understanding the self[88] is through a narrative approach (influenced by Christian theologian Stanley Hauerwas), where values and ethics are learned in a community context. My understanding of Freire's influence on research (specifically critical ethnography) convinces me that not only are values determined by the community, but they are also are conscious of power dynamics, have historical context, and have a narrative arc. Based on this axiological assumption, this means that, in the process of interviews, observations, and other engagement, the researcher and participants co-create values through awareness of their experiences.

As a researcher, my methodological assumption is that I will acknowledge that my input influences participants, and that their narratives also affect my understanding. Thus, I understand the research process to be relational and intersectional, one that facilitates participants' reflection and increased understanding of their experiences, along with researcher reflexivity. The language is necessarily descriptive and subjective.

[88] This is to be distinguished from the IFS view of Self.

As a practical theologian, my belief in a relational and co-creative Divine Source—derived from Process Theology, informs my philosophic assumptions and the theoretical frameworks I use to form my research interests. In Process Theology, reality is always being co-created by humans and the Divine. Rather than subscribing to a more traditional view that God has ultimate control, Process Theology acknowledges that even God has limits, but that God's unconditional love is the most powerful aspect of God's relational nature. In light of this, I also value the work of the Brazilian educator Paulo Freire, who taught that learning is a two-way street, and that teachers and their students are involved in ongoing dialogue of mutual instruction and influence. Thus, my ontological assumption is that reality is an experience that is co-created between humans and the Divine, and Reality within an educational experience is also co-created by student and teacher. This means that, as a researcher, I also believe that reality is co-constructed by the researcher and the research participant. The role of the researcher is to facilitate the participant's coming to a clearer understanding of their own experience, not to construct or interpret that experience for them.

Role of Researcher

As a CPE student, I have gained familiarity with the context of hospital chaplaincy and become interested in the process of educating and training chaplains. In conducting pilot research, through the case study method, I began forming questions for my dissertation and drawing upon narrative ethics, virtue ethics, transformational learning theory, Freirean pedagogies, and Internal Family Systems to understand the process by which chaplains are formed within Clinical Pastoral Education (CPE). In my own experiences as a CPE student, I was given the opportunity to teach my peers about Internal Family Systems, which was then integrated into our clinical understandings, giving me a taste of action research. Now, as I have

engage in autoethnography, I have explored how my own social location, temperament, and experiences shape my approach to methodology in research.

Two undergirding principles for my work as both a chaplain and as a researcher come from CPE. The first is seeing those I encounter as "living human documents," a term coined by the founder of CPE. The other is action-reflection-new action, which describes the process by which chaplain interns learn through clinical and didactic interactions.

Critical autoethnography helps me situate my position as a researcher. As the primary research instrument in qualitative research, my role, identity, and experiences all matter greatly both to the interactions with and interpretations of my research participants and what they share. Thus, researcher reflexivity is an important foundational component to establishing methodology. In keeping with Freirean pedagogical principles, my philosophy as a researcher is that the process of research not only has potential to transform participants, but also the researcher. My approach has been dialogical: I am open to the research changing my views.

Data Collection Procedures

In the course of CPE, chaplain interns write extensively about their experiences, describing their actions, reflections, and new actions in the professional setting. As an autoethnographer, I have referred to writing assignments from my four units of CPE (16 Verbatims; 40 weekly reflections; mid-unit self-evaluations written by myself and my peers, all of which have reflections on my growth; and final evaluations, which include feedback from my educator and peers), as well as private blog posts (specifically about the COVID surge in the winter of 2020-2021) and journal entries from my time as a chaplain intern. Chaplains give both written and verbal feedback to their peers, which contributes to building self-awareness within

the group. This lends critical self-reflection to the researcher in a way that fosters autoethnographic research and goes beyond first-person narration of a subjective experience.

In synthesizing my data, I was able to "distill" a year of COVID chaplaincy into a narrative account, prior to conducting interviews. This was the "auto-" portion of the "ethnography." Knowing that I would be collecting more data through interviews, this piece was a "first draft" of the narrative. I trusted that aspects of the experience that I had forgotten or forgotten to emphasize would come to light through the collaborative portion of research.

Collaborative Autoethnography with Chaplain Peers

In seeking to understand my own experiences of CPE, I found it helpful to include a collaborative aspect to the inquiry, one that helped me make sense of my reflections. As an individual whose identity was narratively constituted, and whose professional growth occurred in community, it was crucial that I include my chaplain peers in my reflections on my journey. As peers who knew me and had gone through similar experiences, their perspectives were in valuable in enriching my own insights.

As a relational learner, I see knowledge as co-constructed. I anticipated being able to share my experiences with my research participants while also asking them about theirs. I framed my research with the following open-ended questions:

1. What was it like to go through CPE, during the pandemic of 2020 to 2021?[89]
2. What did you learn about chaplaincy as you went through training?
3. What did you learn about yourself as you grew professionally?

These were questions I wanted to clarify in myself as I analyzed my data. As a qualitative researcher, I approached all dialogue on the basis of the relational context of both my shared

[89] Because my own introduction to CPE occurred prior to pandemic, I wanted to know what it felt like for my research participants to experience CPE in that particular time. Prior to conducting interviews, I was not as aware of the extent to which CPE and pandemic experiences were intertwined.

experiences with participants from the past (during our time in CPE) and my interviews in the present (looking back at CPE).

Due to the nature of our interactions in CPE, I had been able to maintain contact with most of my chaplain peers. Over the course of my residency, I had been in touch with these peers once every one to three months, checking in over text about how things were going. Additionally, I was still in touch with a chaplain from my first unit of CPE (prior to residency), as well as one of my research participants subsequent to that unit. Thus, while I had originally not planned to include my first-unit peer and my former research participant in this collaborative autoethnography, I ultimately decided to invite them into my research.

My first step in recruiting research participants was to text each them individually to gauge interest. This was an organic approach, as we were in regular contact, and they all knew I was working on a PhD and that my dissertation would be about chaplaincy. I contacted all of my research participants on Wednesday, September 29, 2021, and I was pleasantly surprised to receive affirmative responses from all of them by the end of the day. This spoke to the strength of our connection and to the willingness of the chaplain community to collaborate.

The following day, I emailed each participant a copy of my research questions and consent form and began to schedule days and times for our interviews. Except in the case of participants who lived more than an hour away, all participants opted for an in-person interview. Interviews took place over the month of October.

During the month of October, I had time off scheduled to conduct research and write for my dissertation. It was important for me to do my research in a physical and mental space away from the hospital, so as to focus on my role as researcher without the preoccupation of clinical situations. I was aware of potential conflicts of interest, as well as an imbalance in power

dynamics, as I embarked on my dissertation research. As an employee of the hospital, I wanted to steer clear of any pressure that my research participants might feel to represent their experiences in a positive manner; I wanted to encourage honest reflections. I felt that disclosing my own experiences, while interviewing others, was a way to foster a collaborative tone. In centering myself as the research subject, I approached an understanding of the hospital and its chaplains from a stance of authenticity and accountability.

In keeping with the collaborative nature of my autoethnography, I assured my research participants that the interview would feel more like a dialogue, and that I would be divulging my own experiences and process as well, so as to even out any power imbalance that might occur between researcher and participant, and as a way of acknowledging our commonalities, while also teasing out the differences among individual perceptions. I framed my interviews as a time to both catch up with my colleagues and to hold semi-structured conversations around my interview questions. Since I would not be reimbursing my participants for their time, I offered to treat them to coffee or a light meal instead. Six of my interviewees were able to meet in person. Four of the participants lived more than an hour away and opted to speak over zoom. Interviews ranged from 35 minutes to over an hour, and all interviews were recorded, with permission. In-person interviews were recorded on my phone, and zoom interviews were recorded directly on zoom. Participants understood that I recorded our conversations for the purposes of accuracy when I reviewed the data.

Initially, I had hoped to demonstrate my own willingness to disclose at the level I was asking of my participants, by speaking into my own experiences and answers to the interview questions I posed. When it came time for interviews, however, I discovered that my research participants were more than willing to share, without necessarily needing to hear from me. I

recognized that, far from taking something "from" my participants in asking them to share, I was also providing them a space to process their experiences. This was in keeping with my prior research with chaplain interns.

Because I had a personal relationship with each participant, I was able to ask spontaneous questions for clarification during the interviews, while following the structure of the three questions I initially posed (and provided to participants). When appropriate or relevant, I also shared about my own experiences in relation to things that interviewees mentioned. This, again, was in keeping with the collaborative nature of my research—situating myself as both researcher and that being researched.

I came away from each interview feeling connected with my interviewee, and also more connected to my own experiences. I also discovered a renewed sense of ownership over the process of research, recognizing that while offering to disclose my own experiences to my research participants was a way of making my autoethnography collaborative, the dialogical emphasis I value (both in keeping with Freirean pedagogies and critical ethnographies) did not necessarily play out the way I envisioned. While my interviewees were all trained chaplains who were skilled at asking questions, they had not necessarily been exposed to the same qualitative research methods as I had, and thus it was unrealistic to expect them to "hold space" for me to share my experiences in the context of a research endeavor I had initiated, and to which I had invited them.[90]

In fact, only two of my interviewees (who interestingly happened to have similar Enneagram types as I do) mentioned the fact that they wanted to hear about my answers to the questions I posed to them. One interviewee remarked at the end of our conversation, "Next time

[90] While the process was different from what I initially envisioned, I quickly adjusted and was not disappointed. If anything, this shows the ways that Freirean ideals may not play out in practice the way we envision. My intention was to make my interviews a two-way street while not putting the burden of interviewing me on my participants.

I'll hear more about you." Another interviewee had come to our meeting with her answers pre-written, and after sharing them with me, "handed me the mic," so to speak, and said, "Now you can share your answers to these questions."

Making Sense of the Data

There is a sense in which those going through an experience need time and support in order to fully process the themes, emotions, and meaning they derive from it. As an internal processor, I did not necessarily find it difficult to process my experiences on my own. But it did seem remiss to compose an autoethnography that did not invite other voices. The collaboration I have sought in writing this autoethnography falls in line with the culture of CPE, where chaplains reflect together upon similar or shared experiences, while differentiating their individual interpretations from those coming from a different perspective. In my time in CPE, I have found that shared perspectives do not necessarily arise from straightforward categories of gender, race, or age. Thus, it is in diversity that I have felt most bonded with my cohort peers across several different CPE units.

In my original "distillation" of writing, I narrated my CPE experiences in chronological order, setting the stage for more in-depth analysis of the theoretical frameworks I found applicable in understanding the process. As I conducted my interviews, I was able to understand my own experiences with more nuance and perspective. I was also gathering data to weave into my original "distillation"—as a way of integration.

As I reviewed my interviews, making notes on my reactions to participant responses, I was mindful of the ways we shared similar experiences of chaplaincy, and yet each had our own perspectives. I also recognized that, while my interview questions were organized in a particular order, my conversations very much wove in and out of the questions, naturally. I brought an

intention of letting go of prior assumptions, which helped me to listen with openness, surprise, and delight.

Autoethnographies take into account the author's social location, using it to understand (and critique) larger systems and social perceptions. In my framing of the interviews, I name some of the similarities I share with my research participants and the ways that our collaboration emphasized certain "ways of knowing" I have. At the same time, it is sometimes in the variance and differences of experience that I have come to understand the larger picture in a more colorful and nuanced way. Having the diversity of perspective helps me to understand my own more clearly.

Prior to the more thorough coding of interview transcripts for themes, I instinctively categorized my conversations according to three main components: gender, cultural background, and personality type. As indicated by the table below, my participants were mostly Christian and along the lines of a particular kind of personality profile (this reflects the student demographics of the CPE program at my research site), but varied in terms of cultural background and age. The demographic information below is based upon interviewees' self-identification and categories we have used in our CPE training and written assignments.

Gender	Age	Cultural/Ethnic Background	Personality Profile	Spiritual Identity	Interview
F	50s	East Asian	ENFJ/**7**	Christian/Seventh-Day Adventist	Zoom
F	30s	Indian American	ESFJ/2	Christian/Mar Thoma	In person
F	60s	Hispanic/Italian	ENFP/2	Catholic	In person
F	40s	African	INFP/3	Christian/Presbyterian	In person
F	40s	White	INFP/4	Christian/Mennonite	Zoom
M	20s	White	INFP/7	Christian/Free Methodist	In person
M	50s	White/Jewish	INFJ/9	Religious Pluralist	In person
M	30s	Sri Lankan	ENTJ/8	Buddhist	Zoom
M	30s	White/Hispanic	ENFP/2	Christian/Mennonite	In person
M	30s	White	ESFP/2	Christian/Non-Denominational	Zoom

Table 1

While most ethnographic analyses take social location into account, I felt it was important to also pay attention to personality profile. Not only is this "way of knowing" important to the culture of chaplaincy, but it has also helped me to deepen my understanding of my experiences, from an inside-out perspective, rather than simply accepting the ways that society classifies my identity (by race and gender). Several of my interviewees referred to personality profile in our interviews, and in my presentation of findings, I will use language that makes clear their meaning to those not well-versed in the referenced personality profiles (Myers-Briggs and Enneagram).[91] As part of my autoethnographic approach, I pay attention to both outer dynamics (social location, specific time in history/the pandemic) and internal dynamics (personality and temperament) in understanding the experiences of chaplains.

I analyzed data through a variety of frameworks, including categories such as spiritual themes, internal "parts" (according to the Internal Family Systems Framework), and other themes referenced by my research participants around emotional and logistical experiences. My engagement with the data ultimately leads to a reframing of "traditional" virtue ethics, in order to reflect upon a kind of virtue ethics that is more appropriate to the intercultural and interfaith setting of the CPE context. In reviewing my data, processing my responses to the interviews, and revisiting parts of the conversations with my participants, I coded for other themes that arose from the process. As with other forms of narrative research, I referred to many forms of documents and documentation of my experiences at the hospital, including written feedback I received from both my supervisor and chaplain peers, over the course of three units of CPE (a year-long residency).

[91] The Myers-Briggs is a standard part of the CPE training at my research site. Thus, each CPE student takes a test, and their personality type is made known to their peers and educator. In recent years, the Enneagram has also been used in some cohorts, but is not yet a part of the curriculum. I have included Enneagram numbers for participants based on what was mentioned in our conversations.

Strategies for Validating Findings

As a collaborative autoethnographer, I sought to highlight the collective experience of chaplains at the hospital, during a time that was both isolating and solidarity-building. After completing my dissertation draft, I extended the invitation for my research participants to read and offer feedback on my reflections on our conversations—the parts of the dissertation that referenced my interviews. I also gave participants the opportunity to choose their own initials or pseudonyms and to clarify how they wished to be represented in the research.

The scope of the dissertation is limited to location (a community hospital in Southern California), time period (one year of pandemic), and number of participants (ten interviewees). As with all qualitative research, an autoethnography embraces the subjective point of view and searches for connection rather than causation. The researcher perspective is particular to my own life experiences, social location, and theological and philosophical frameworks.

And yet, the limitations of the dissertation become its very strength—my perspective as researcher is formed in collaboration with participants with whom I have not only a researcher-participant relationship, but also collegial and peer relationships. One of my assumptions has been that, as one who is not considered part of the "mainstream" voice, my experiences and the experiences of those close to me are necessarily able to critique views that are mainstream. In other words, the strength of autoethnography is its examination and critique—through the researcher's social location—of perspectives that are mainstream. Thus, autoethnographies both comment upon and critique societal norms, in a manner that critical ethnographies and Freirean pedagogies espouse.

As a practical theologian, I am constantly interrogating the frameworks by which we evaluate and have our work evaluated. In earlier chapters, while presenting my theoretical

orientation for this dissertation, I drew heavily upon bell hooks as an example of an educator who synthesized the works of others in ways that fit her own social location and engaged pedagogy. I have followed suit by integrating Internal Family Systems, virtue ethics, and narrative and Freirean pedagogies into my understanding of Clinical Pastoral Education. Understanding critical ethnographies in light of their Freirean influence helped me to design my research as a collaborative autoethnography. Here, I further refine my methodology as it applies to the practical side of research, using Melanie Harris' approach to Alice Walker's womanist thinking, as an example.

While bell hooks is considered a black feminist, Alice Walker is known for coining the term "womanist," which led to womanism as a new movement of empowerment. Womanism filled in the gaps created by feminism, which has tended to center white experiences, and black theology, which privileged black men's experiences over women's. In womanism, women and those who supported them could claim the uniqueness of their own experiences and "develop race-class-gender analysis…into a primary method for religious thought."[92] Walker "gleaned values from the stories of women of African descent," including her own mother, "identifying experiential themes from which ethical implications can be gleaned."[93]

Harris' methodology contains extensive "analysis of selections from Alice Walker's nonfiction writings [which] reveal [key] experiential themes."[94] She details Walker's six-step approach to ethical issues thus:[95]

1. Uncover experience and stories
2. Validate experience

[92] Melanie L. Harris, *Gifts of Virtue, Alice Walker, and Womanist Ethics* (New York, NY: Palgrave Macmillan, 2010), 4.
[93] Harris, *Gifts of Virtue*, 12.
[94] Harris, *Gifts of Virtue*, 87.
[95] See chapter 4 in Harris, *Gifts of Virtue*.

3. Ascertain values from critical reflection of experience
4. Connect values to wisdom
5. Take action upon the wisdom and values
6. Use empowerment gained from the action to move toward justice

This approach to virtue ethics both critiques and expands what one might consider "normative." First, it centers lived experience rather than ideals based on concepts of virtue. Second, the lived experiences feature those marginalized by mainstream society, black women. And third, rather than using virtues to understand human behavior, womanist ethics constructs ethical framework based on experienced values such as "mutuality in relationship, communal interdependence, self-reliance, and letting go for the sake of survival."[96]

Similarly, in conversing with chaplains about their experiences during the pandemic, I center cultural backgrounds and narratives that are both marginalized by and integral to the health of our society. And while my inquiry is grounded in existing educational and theoretical frameworks, I seek to expand upon them through my research. In doing so, I continue to interrogate what is deemed "normative" and worthy of being "exemplar"—in order to bring a unique virtue ethic to the field of chaplaincy.

As I study my own methodological "exemplars" like Alice Walker, I am aware of the ways that synthesis might be guilty of compromise. Indeed, it has been said that the appropriation of womanism by Christians became its own problematic approach, for "although most womanist theologians and ethicists…wrote from a Christian perspective, many refused to acknowledge that the word 'womanist' is hardly Christian-based"[97]—and that Walker considered herself to be "'tri-spiritual,'" embracing her Christian upbringing, Buddhism, and earth religion.

[96] Harris, *Gifts of Virtue*, 12.
[97] Harris, *Gifts of Virtue*, 5.

Keeping this tension in mind, I nevertheless embark upon my own integration of womanist virtue ethics methodology into my research.

Chapter 3: Presentation of Findings

Part I—Chaplain Chronicles

I begin with my own answers to the questions: What was it like to go through CPE during the pandemic of 2020-2021? What did you learn about chaplaincy as you went through training?[1] The following section is taken from a series of private blog posts I wrote during my CPE residency. Preserved in its original formatting, my narrative serves as a thick description and introduction to the overall experience and environment.

Chaplain Chronicles: Preface

What a year it has been. 2020 brought about economic hardship, devastating deaths, and a mental toll. If we go by the Lunar Calendar, the year of the Rat is at its tail end, and I'm ready for the year of the Ox.

But in many respects, 2020 was a restorative one for me. As society shut down, I reconnected with parts of myself that "normal" life did not always allow me to embrace—my love of staying home, disconnecting from societal functions and expectations, and simply being, rather than doing. Work remained steady, as I taught music lessons and organized ongoing projects—whether it be for the interfaith network I worked for, or social-justice-oriented collaborations with friends—over Zoom. And I had several personal calls each week, with individuals and groups of friends from all over the world. What I did not miss was the guilt of not attending church on Sundays—and the pressure of going out into society as a single person.

And when I did finally "go back to work," this past September, it was as a chaplain, and it was a dream come true. In the early stages of the pandemic, I found myself dreaming about being on-call at least once a week. So when the opportunity came to start a hospital residency, I rolled up my sleeves and dove in.

A year into the pandemic, and nearly 6 months into my residency, I have a few stories to tell, in honor of the patients and families who have been severely impacted by COVID-19, and on behalf of the other frontline workers, with whom I serve. This next set of posts will focus on the some of my chaplain experiences, for anyone outside of the hospital who might be interested.

As you cycle through them, may you bear witness to the sacred work that is ours to sustain together—whether in person, or in spirit. Enjoy!

[1] My third research question, pertaining to the Theme Approach, will be explored in Part II of this chapter.

Chapter 1: The First Few Weeks of Chaplaincy Residency

We started Orientation with masks on, and seated 6 feet apart. What a strange thing to meet new colleagues for the first time and not know what their full face looked like until lunch time. We learned about hospital policy during a pandemic: no visitors were allowed, except at time of death, for 15 minutes each, and no more than 2 at a time at the bedside. The Viewing Room, which was normally used to allow grieving families to be with their deceased loved one, away from the hospital floors, had strict limitations as well. Whereas families as large as 30 would come for a Viewing the past, the limit was 9 people now. Some of the hospital floors were dedicated to COVID cases, and would require phone visits. On our "regular" floors, chaplains would only visit patients who had had 2 negative COVID tests. In addition to our surgical masks, we would also wear goggles or a face shield when visiting patients. And so it began.

My first few patient visits seemed "normal" enough. One was with a lady with severe and chronic back pain, who was questioning whether God was angry with her, and who simultaneously felt guilty about her condition keeping her from making more of a difference in the world. She requested that I bring her a Bible, and on my follow-up visit, I made sure to deliver one. Another delivery was to a patient who wanted to fill out and sign an Advance Directive, in order to prepare for a time when she would be unable to make medical decisions for herself.

We had our share of compassionate extubations, when "life support" (in laymen's terms) would be removed from a patient, and the family could come to say goodbye. Those goodbyes are sad but meaningful. As chaplains, we often meet the family in the hospital lobby and escort them up to the Critical Care Unit. We are quiet enough to give the family space to process the situation, but also present enough to make conversation that might help diffuse the anticipatory anxiety. While the family is at bedside, we stay outside and remain available to answer any questions about mortuary arrangements, bring in water or tissue for the family, and ultimately to escort the family out.

I have noticed, from my experiences of Extubations and Viewings, that the release of emotions often has families feeling relieved, and is one step in the healing process. Tears are a wonderful and necessary part of goodbyes. I have seen grown men cry, and I have held back my own tears as I've seen families process grief.

There are always humorous moments as well. Many a grown man has flirted with me on the way out, which seems completely understandable, in the wake of such an emotional moment. I call it the "testosterone boost" that helps them feel ready to step outside the hospital, ready to "face the world" again. These were all situations I had encountered in my first unit of chaplaincy training, and which come to mind as I think of the first few weeks of my residency.

Chapter 2: Bearing Witness, Being Present

I spoke with a woman who had a hard time forgiving herself for what she had done to her sister, growing up. She identified as an Italian Catholic, and was well into her 80s. I asked her to share about the incident for which she held so much guilt—and learned about her family of origin by

asking follow-up questions to her narrative. Although her mother had died when she was but a girl, she still thought of her often. "My mother was so beautiful," she repeated throughout our conversation. I validated her mother's emotional presence with us in that room, as a guiding force for her present reminiscing. Rather than telling her what to think, I explored her beliefs by asking how she thought of God, and God thought of her. It seemed she had a difficult time actually believing in her heart what she knew in her head: God forgave her and loved her.

Chaplains believe that helping patients name their feelings and their fears takes away the power that those emotions have. Behind every feeling is a story, and part of our job is to facilitate patients' telling and discovering of those stories, and to listen with unconditional positive regard—no judgment, and no advice.

I often find that, by simply being attentive to patients' stories, validating of their feelings, and willing to sit in unresolved situations with them, I will often witness patients coming to small breakthroughs, in the span of one visit. They often access parts of their Best Self that "worst case scenarios"—being hospitalized, and feeling helpless—allow them to discover. "Where two or three are gathered" is a sacred space that invites God's presence, and whether or not the patient (or chaplain, for that matter!) "believe" the "right" things does not matter. What matters is that, when one human is truly seen and heard by another human, the healing begins to happen. And when healing happens on any level—spiritual and emotional, "intangible"—it contributes to healing on other levels—physical and mental, "measurable."

As chaplains, we bear witness to difficult moments, and we hold space for patients and families facing life-and-death decisions. Whenever I step out onto the hospital floors, "it is not I who live, but Christ lives in me"—I put on my Chaplain Hat, and I do not take any interaction or situation too personally. My profession requires that I use my Full Self and show up to be present to others, but none of this is actually about me. And yet, my recollection of what happens on the job is always filtered by my own belief system, personality type, and human limitations. So what is about others, also affects me. We cannot help but be interconnected.

Chapter 3: “I’m Proud of You!”

The Holidays were upon us, and the post-Thanksgiving Surge was in full swing. Our Emergency Department was overflowing, with every bed occupied, patients being put in the waiting room even after being admitted, and some patients' location listed as Ambulance 1, 2, etc.

Two other patient floors were now converted into COVID units, in addition to our three "regular" COVID floors. For each patient that passed away from the virus, another 10-15 people were waiting use that bed in the ICU. Our morgue was beyond capacity, and we had extra refrigeration in place.

The vaccine was on its way, and that gave us hope.

I received my first dose of the Pfizer shot on December 19th. In the weeks to come, I would feel slightly safer as I showed up on the COVID units, wearing an N95 mask, a surgical mask on top of it, and a plastic face shield. I always put up my hair, too.

One of my Holiday on-calls was in the wake of a full moon. If I did not believe in "superstition" before, the pandemic has given me full faith that human life cycles are closely connected with larger cosmic forces—full moons are linked with more deaths. Our on-call numbers prove it.

That day, there were 6 code blues. A code blue is a medical emergency, broadcast throughout the hospital system, so that the team can show up with the proper medication and equipment to save a life. Chaplains show up to offer support as well.

It is always a surreal experience to see up to 10 medical personnel inside a room, performing life- saving procedures. During COVID times, this also involves wearing yellow gowns and gloves. Another cluster of staff stands outside the room, ready to hand more supplies, or to relieve the staff inside. Chest compressions are counted, and are physically taxing to the one performing them. There is a strange blend of calm and tension during these times. There is always one point person who informs the family of what is going on. They also call the family to let them know when their loved one is stabilized—or, if their loved one has passed away.

That day, 2 out of the 6 patients who coded passed away. In between the code blues, I was visiting other patients on other floors, carefully compartmentalizing each experience into its own spot, to be processed after I got off my shift, and when I could let my hair down.

The phrase, "ignorance is bliss" really does apply to those patients who receive a chaplain visit, not knowing where we have just come from. Right after one of the code blues, I had a long chat with a female patient who identified as Jehovah's Witness, during which time we discussed her love of the Bible, her conversion to the religion, and the important names of God. As the visit progressed, I became aware that she was trying to proselytize, and to get me to join her church. I kept the visit professional, steering the conversation back to identifying what was important to her, and what brought her strength during difficult times. Even though she was not successful in getting me to join her church, she did say, at the end of the visit, "I'm proud of you!" (for being so familiar with Scripture, and able to follow along with her sharing).

As I charted about the visit afterwards, I just had to chuckle. Even as I was putting our conversation into clinical terms—offering my assessment of the patient's spiritual needs and resources, and documenting the type of care I provided—she was perhaps patting herself on the back for reaching out to a potential convert. That makes two of us who were sincerely doing our best to fulfill our spiritual roles!

Chapter 4: For Such a Time as This

The first thing I do when I get home is to take off my shoes, wash my hands, take off my mask, wash my hands again, wash my face, and then let my hair down. The moment I let my hair down, my body knows it's time to relax, and my mind can start processing. My holiday on-calls gave me plenty to process.

I thought about the phone call I had made to a woman who was preparing for discharge, after fighting through COVID. She had come in together with her husband, and they had initially shared a room. Then, his condition worsened, and he was transferred to the ICU.

One of my colleagues was there when they were parted. That was the last time the woman saw her husband, in person. My colleague spoke of how emotional that was, and how it was worth it for him to go inside the room to pray for the wife, and to hold her hand, wearing gloves and a gown.

Another one of my colleagues had had a phone call with the wife, after the husband had coded in the ICU. According to the note my colleague wrote, the wife was very accepting of reality, and seemed calm in the face of such a terrible prognosis for her husband.

I was able to speak with the wife over the phone during my shift, and arrange for her to Skype with her husband, using hospital equipment, before her discharge the next day. This, we all knew, would be the last time she could "see" him—their final goodbye.

This case struck a chord with the spiritual care department, because a total of 5 chaplains had gotten involved, over the course of several days. Unfortunately, this heartbreaking situation was just one of many. As a CPE cohort, we shared our stories with one another, facing the crisis as a team. Although some of my peers will refer to patients on their floors as "my patient," I tend to think of each patient as "ours." Especially in the cases of patients who transfer through several floors, spiritual care also transfers from one chaplain to another.

We had a married couple come in through the emergency room together, and the husband was immediately transferred to the COVID ICU, where one of my colleagues was assigned. The wife was healthy enough to stay in the Emergency Department and receive enough care to be discharged, without being admitted to a hospital floor. Knowing she already had COVID, she asked if she could be escorted up to the ICU, to say goodbye to her husband before going home, and my colleagues worked with hospital administration to see if they could make an exception to the visitor policy. Ultimately, the request was denied, and the wife handled it with grace.

But we as a team really felt for this family—and for so many others whose trip to the Emergency Room meant goodbye forever. How privileged we were to be granted access to the ICUs—even if all we could do was pray for patients outside the glass doors of a COVID isolation room—when family could not even have one final look, except over Skype. The harshness of the pandemic saddened us, and it also angered us to see so many outside of the hospital still not taking it seriously. If they had seen what we had seen, would they still put lives at risk with careless behavior?

I had some strong feelings of my own to process, as several of us had spoken with COVID patients who were members of churches who defied the governor's orders and continued worshipping in person. One of my patients survived COVID, while her husband in the ICU did not. And several of their other church friends were also infected. This was another "case" that had passed through multiple hospital floors and several chaplains, and which we processed together as a team. As professionals providing spiritual care, we chaplains showed compassion to all our patients. At the same time, as humans, we were angered by church leaders who put their congregants at risk for this deadly virus.

There was so much going on during the Holiday surge that our CPE model of action-reflection-new action was compressed into an ongoing process-as-we-go mentality. Often, my peers would give a play-by-play of a situation they had just encountered, as soon as they came back into our shared office space. Midway through their narrative, another page would come in, with further developments. As we all tried to catch our breath, we knew we could count one the team to pull through together. We had to, to survive.

Now that I have found some time to breathe, recover, and write, I am grateful that through the most recent surge, we all managed to stay healthy, sane, and faith-filled. Each of us has a very different temperament and background, but we have put our differences aside to learn together.

One day, we will look back and see how our call to ministry brought us to the front lines, "for such a time as this."

Chapter 5: "I Thought for Sure This One Was Going to Make It"

Those of us on the interdisciplinary team reached a breaking point on the last day of 2020. I saw a patient die of COVID who was my age. This impacted me so much that I used it for my Verbatim assignment, which is a part of our CPE curriculum. I have included portions of the Verbatim below:

Context of Visit: I responded to a Code Blue during the daytime of my New Year's Eve on-call. The patient was in the corner room in [the COVID ICU], and was already receiving chest compressions upon my arrival. It was obvious that end-of-life concerns were at play.

I stood at the back of a cluster (about 6) of medical staff who were talking outside the room. One of the staff members was gowning up, but was told that they had enough help. I was wearing my N95, and other staff members also had face shields and helmets on. Inside the room, another cluster (about 8) of medical staff were attending to the patient. I made eye contact with the social worker, with whom I had already connected twice earlier in the day, over two other code blues. She was busy speaking with other staff so we just nodded at each other, but to me it felt like we already had a "shorthand" established, from my on-call experiences.

I listened as medical staff exchanged information about how COVID was impacting other parts of the world, and how diet might factor into it. There were comments about people surviving COVID in Northern India, and importance of Olive Oil in Italy, and also Filipino diet and culture.

I thought to myself that medical staff have such a calm nonchalance during these emergencies sometimes, but also how each code blue is different from the next. For example, during an earlier code on [another COVID unit], medical staff seemed more concerned and stressed.

I could barely see the patient, but I saw on my census that he was my age (34). Another medical person showed up and stood next to me, carrying drugs that were labeled for code blue use. We nodded at each other. The sound of the code blue alarm continued on the unit, drowning everything out.

At one point, the doctor left the small talk and went to the glass door, opening it a crack to tell the medical staff to stop the chest compressions, reading off numerical medical data. He then stepped back out to join the cluster, who had all stopped talking. The doctor said, "That's what I hate about this disease. It makes us feel so helpless." The doctor left the scene.

As the medical staff inside the room began to remove tubes from the patient and clean up inside the room, one of the staff members in the cluster outside the room immediately began to cry. This was a staff who, during last week's code down in CDU, had said to me, in passing, "*We* need spiritual care."

I realized that I had never seen medical staff cry immediately after a code blue death. I had seen hard situations where they were upset but also seemed numb, but this release of emotions was very new to me. I think everyone else felt it. Even though it was hard to tell with masks and other PPE, it did seem that others had tears in their eyes. I felt helpless, and I also felt like an outsider bearing witness to a close-knit team.

The social worker stepped over to hug her and rub her shoulders. The staff person who had been gowning up earlier also went over to comfort her. I started looking around for a box of tissue, but then noticed that staff member going over to wash her face in the sink.

The charge nurse arrived and was shocked the patient passed. She said, "I thought for sure this one was going to make it. Now I have to decide who gets the bed next, who to send up here [from the ER]." Meanwhile, one of the medical staff who had come out of the room said, "I'll call the family, since I've been following this one." I told her, "Let me know if you need chaplain to follow up with the family later." She continued walking over to the sink to wash.

"What's your extension?" "3433." "Okay, thank you!"

The charge nurse and the social worker continued to talk, and the rest of us continued to disperse from the code. I noticed another medical staff starting to shed tears, the first woman who had cried right after the death went over to hug her, and together they walked into the break room. I was touched by staff members' ability to be there for one another because they had already been working as a team. I couldn't keep track of who was saying what, but I could hear a few comments all around me, "He was so young." "If he couldn't make it, then what about us?"

It felt surreal, like I was watching a movie scene. I felt helpless, because now did not seem like the time to process with staff, who were either very busy, or already comforting one another. I walked to the other side of the unit and looked at the COVID patients who were still alive, thinking to myself that I honestly didn't really have it in me to send a blessing to them. Instead, I bore witness to them as they hung onto life. I walked over to another part of the ICU, to follow up with the nurse for a patient who had survived a code blue earlier in the day.

Chapter 6: "You're Either Batman, or You're Not!"

What is the role of chaplains in the larger process, in relating with staff? How do short, unplanned conversations contribute to staff care? These were questions that arose in the wake of the code blue I wrote about in the previous post. I explored them further in my Verbatim:

Two days later, during my normal clinical hours in CCS, I was charting near a nurse whom I had met during my first unit, summer 2019, and had a conversation with. I had run into her once before this unit, and it was clear to me she did not remember me, and I also did not have a chance to remind her of our previous connection.

This nurse was talking with another nurse about getting called into management's office due to low handwashing percentages, but she was saying that it was a problem with the sensor, since there was no way she was not protecting herself on the COVID units. [All of us wear a sensor, which tracks whether we foam in and out of patients' rooms, and how often we wash our hands.]

At first, I was just overhearing their conversation, but at this point, got pulled in:

Nurse A: And the problem is, when you're all gowned up, when you come out, you have to disrobe and take the gloves off first, and then by the time you're washing your hands, the sensor doesn't remember.

Nurse B: I mean, if this was 2015, and they were harping about handwashing, fine. But we're in the middle of a pandemic, and this is what they choose to focus on?

Nurse A: (Turns to me). You know, this pandemic has shown a lot of problems that already existed. Like racism, poor management, and all of that. This hospital was already being managed poorly before, but now, I don't think they'll be able to handle all this. I think they are going to get bought out by another system, or they'll fold.

Chaplain: Yes, for sure. Those problems were there already, but this just made it more obvious. I can see how being a part of a larger health system would help streamline some of the organizational issues. That's got to be so stressful (chaplain tries to show empathy through body language as well, shaking head, sighing…)

Nurse A: You can say that again. This is not what I went to college for. Not to decide who gets to receive care, who lives or dies. We were taught to treat everybody.

Chaplain: (nods, holds space to see if she wants to say more). That is so tough. When resources are stretched so thin.

Nurse A: You know they call us frontline heroes, but then we are also the first to get blamed, when they need a scapegoat. But you can't be heroes and villains at the same time, you know? You're either batman, or you're not! (She starts to laugh, and chaplain joins in.) I'll be back. (Nurse goes into nutrition room. Chaplain continues to chart.)

Nurse A comes back out, and tells me that the ice cream sandwiches from the hospital cafeteria are better than those she found in grocery stores. Apparently, the ice cream portion is thicker. Another nurse had brought a bunch of ice cream sandwiches in earlier, for the unit.

Chaplain: I guess that's one tiny perk of working here? (nurse nods, with her mouth full. Chaplain says, as if on her behalf:) Hey, I'll take it?!

(Nurse B comes by to grab something. Respiratory Therapist [RCP] also walks onto the unit.)

RCP: Hey (greets Nurse B). How's it going up here? I'm coming from the ED. (She seems very friendly, and as if coming up to Critical Care makes her feel more relaxed, compared to being in the ED).

Nurse B: I want something more to do. It's so quiet in here. You leave the COVID units and you're like, wait, is this how it used to be all the time?

RCP: I know, you're like, huh?

Chaplain: (starts replaying the code blue in her head, but and thinks, without saying aloud) It's like a different universe on the COVID units.

(Nurse B leaves to go attend to a patient.)

Nurse A: Dang, you know that patient in CCR 15, or was it 14? The 34 year old, didn't make it. That was New Year's Eve, or something?

Chaplain: (Nods.) Yeah, Thursday. I was here for that.

Nurse A: That patient was afraid of everything. Needles, tubes, He was so sweet.

Chaplain: Aw.. (nods, makes eye contact with both RN and RCP thinks):I am learning more about this patient, whom I never knew)

RCP: Oh yeah, I had him in the beginning too. I cried for an hour at his bed.

Chaplain: (Looks at RCP and gives eye contact/active listening body language, wondering): What exactly does she mean by that? Is she going to share more?

Patient: Hey!

RCP: I mean, down in the ER it's like deaths all the time, but this one we knew, and I was with him from his first day.

Nurse A: Yeah, I was there in the beginning too.

Patient: Hey!

Nurse A: Man, what does he want again? (She had just turned him earlier, with the help of Nurse B)

Chaplain: (to Nurse A) I can go in and talk to him. I've spoken with his wife about visiting, so I know a bit about what he might like to talk about and his personality.

RCP: He seems anxious, but at least he's not the one (motions to another room on CCS) over there who kicked me in the head the other day.

Chaplain: Oh yes, that patient—I just got off the phone with his wife. She told me he's had dementia for a few years now and often thinks he's fighting in the war.

RCP: I don't blame them. They must be so confused about where they are.
Patient: Are you coming?

Chaplain: (puts on face shield): I'm coming.

Further reflections:

· The Care Receiver

I assessed that the RN mostly needed more support from management. She was upset at being faulted over handwashing, when there were larger concerns (such as staffing) at play. She felt like management personnel were "taking out" their stress on employees. She also seemed aware of larger systemic issues in society, which the pandemic has made worse. It also seemed that "actions speak louder than words" was very much at play, in her feeling like she was receiving support. I felt that, for her, words were cheap if action was not there.

· The Chaplain

As the on-call chaplain, my role when on-call to respond to code blues and be available for staff and family, as needed. Although I did touch base with the nurse about my availability, I did not proactively follow up with the family after the patient's death, as it was near the end of the day. Often after code blue deaths, the social worker or nurse will inform me that the family needs time to process what happened, and to make arrangements.

While charting on the critical care unit 2 days later, I had processed my own experience of the code blue, and was open to being an empathetic presence for staff, while also not "fishing" for conversations, given how busy and overloaded they are. I usually respect that they are working, and may not have the mental or emotional capacity to talk about their feelings, or really share about their experiences. However, the way this conversation flowed, I was included quite naturally.

· The Spiritual Care Encounter

I encountered the conversation "randomly"—and it was a "follow-up" about a patient, but not necessarily with the staff who were at the code blue. However, there was continuity in the story, since this patient was in Critical Care for quite a while and clearly made an impression on the staff. I tried to respond in a "pastoral manner" by mostly holding space and was an active listener for this conversation, and I felt she felt safe sharing her honest feelings with me. My identity as a chaplain was expressed by accompanying others in their process and bearing witness to others' suffering and distress. I learned from this encounter more of the sentiments of nurses about administration and the discrepancy between how society views them (frontline heroes) and how management treats them (villains, scapegoats). Given my thoughts, from the nurse's words earlier, about her preference for care to be "shown" rather than "said," rather than staying in the conversation about the patient who expired, I offered to go talk to the patient, to give this nurse a break and a chance to catch up further with her colleagues. Had I not gotten up to go see the patient, I would have wanted to verbally affirm the role of the Nurse and RCP.

Theological/Philosophical Reflection

One of the themes I heard from the nurse was frustration in the discrepancy between how she was perceived—she knew she was important and indispensable, and yet she did not feel like she was treated according to her value. I was very aware of my own helplessness in fixing the larger systemic situation. This experience further brought to my awareness that my theme of Intention is multi-faceted and can equip me to discern more quickly how I "ought" to "be" in a given scenario.

Peer/Educators Consultation

My educator gave me permission to do one verbatim that involved interactions with medical staff. My main questions are: "should" I have "done" more during the code blue, or with so much going on, was it "enough" to simply be present, give empathetic eye contact, and be available as needed?

For the conversation in critical care two days later, I did not feel prepared to "go deeper" with the nursing staff, as they were still on the clock and constantly prepared to attend to patients. I felt that it meant more for me to show that I was on their team, that I was doing my part to care for patients, at bedside.

As the pandemic continues to heavily impact our hospital, I anticipate future situations similar to what I have described above. Therefore, I wanted to bring it before my peers and educator to get perspective on how to navigate the balance between seeing patients and being present to staff.

Chapter 7: "Then COVID-19 Got Me Sick"

We had made it to the end of January. As I stepped onto my non-COVID floor for "routine, self-initiated" visits, I checked in with the unit secretary, as was my practice. "How are things on the unit today? Any patient who would benefit from a chaplain visit?"

When we are not on-call or responding to crisis situations, chaplains make "cold calls" to each patient on their assigned floors, who have not yet been visited by a chaplain. We also visit patients who have been referred to us by other medical staff.

Today, the unit secretary told me about one particular patient, who was recovering from COVID, no longer contagious, but still psychologically scarred from her experience, seemingly. She refused to speak, and only communicated through writing.

Having "done my homework" before coming onto the floor, I recalled that this patient had passed through 2 of our COVID ICUs. As is my practice, I had written down basic information for each patient, while going through the eCharting system, and this case had stood out to me.

It took three tries over two days to be able to have a visit with this patient. The first time, she was asleep, and the second time, she was being attended to by nursing staff. I spoke with the nurse outside, and he encouraged me to keep trying.

Third time was the charm. The patient was resting with her eyes closed, but she opened her eyes in response to my greeting at the bedside. Knowing she was tired, and unable to speak, I kept my introduction very brief.

She nodded to indicate that it was okay to stay for a bit, and also motioned for a pen and paper. She wrote: "Then COVID-19 got me sick." Simple, yet profound. After all she had been through, there was so much behind that sentence.

The unit secretary had told me a bit about her vocational background (she was infected while working as a LVN in nursing homes during the most recent COVID surge); her family system (she had strong support from her adult children); and that she was Catholic.

Normally, these would be questions that chaplains ask of their patients in a visit. However, for patients who are unable to speak, this information would be obtained through calling family members listed as their emergency contact, or through conversations with nursing staff.
When I visit patients on the ICU, who cannot speak, I refer to conversations I have had with their loved ones. "Hi ___, I spoke with your daughter today. She wishes she could be here, and she sends her love. She also wanted me to tell you not to worry about your cat. She is taking care of her."

With this patient, I saw from her chart that she had already been seen by other chaplains while in the ICU. So, I said, "I am so glad you have been getting care from your team here at the hospital. I also wanted to visit you today and see how you were doing."

I always ask Spirit to guide my words, to make my visit helpful to the patient, and free from my limitations. "I can only imagine what you have gone through during this time, as you cared for others at your work, and then got the virus yourself. You have come through a long fight, and you made it until today."

I put on gloves and held the patient's hand, which was warm and strong. The patient began to shake, and I wondered if she needed to cry and release her feelings. I squeezed her hand and gave her empathetic eye contact until her shaking ceased.

Knowing from her chart that she had been open to receiving prayer in the past, I offered: "I don't know everything that you feel right now, and I'm sorry that it's still hard for you to speak. But I see you now and I am with you. You are not alone."

I saw nursing staff preparing to come in, and I nodded to them to signal that I would wrap up my visit. "May I pray a blessing for you as you continue to recover?" The patient nodded. I prayed, the way I always do: from the heart, and allowing the words to flow intuitively.

We had seen so many patients pass away from COVID. Here was a survivor, bearing the physical and psychological scars of a virus that kills and robs humans of life and quality of life. I got chills as I walked away. The fragility and resilience of life, embodied in those telling words:

"Then COVID-19 got me sick" –but COVID did not have the final say, at least not yet. What happened tomorrow was out of my control. My job as a chaplain was simply to be present to what was. If pandemic has taught me anything, it is that.

Therefore do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own...(Matthew 6:34)

Chapter 8: What Not to Say

Chaplain humor helps us cope. We always make a point to be respectful of patients and families, and often we are making fun of ourselves, or the way a situation plays out. By the end of January, all of us had received the second shot of the vaccine. The atmosphere in the shared office space was more relaxed, and we continued to find reasons to laugh together.

Our peer brought in a list of platitudes, from a book that gave examples of what not to say to those who are grieving. We wrote some of our favorite platitudes on the board, and referred to them throughout the course of the week.

A peer spoke about the challenges of parenting, in the midst of being a dedicated chaplain. We echoed, true to form, "That sounds hard. Do you want to share more about it?" Our peer shared a bit more. Then, we pointed to the board, signaling a turn from the serious to the sarcastic, which we knew could only be done in the safety of permission and trust to do so:
"Well, what doesn't kill you makes you stronger!"

There is a texting emoji which has a face that is laughing and crying at the same time. That face captures so much of how we process life. Often, we chaplains laugh so hard that we want to cry at the same time. Laughing and crying both release stress, and are healing.

The art of providing platitude-free spiritual care does take practice. Often, people ask me about my role: "So do you basically just comfort patients while they are dying?" Well, yes—and also so much more.

We hope to serve as cathartic presences, for those who need to access and express their feelings; catalysts for reflection, for those who need to reconnect with their sense of self, through their personal narrative; and as comfort for those for whom hope feels out of reach, simply by seeing and acknowledging how they feel. We champion ways of providing care that require much more intentionality than simple platitudes.

To close, I will list a few more examples of what not to say:

"It's God's will."

"This is your Karma."

"You can always have another baby."

"This is why I always lock my car doors!"

"Oh, I know exactly how you feel, I went through the same thing."

"This is nothing compared to what the Hurricane survivors had to go through."

Chapter 9: 40 Minutes to Say Goodbye

One of the duties we chaplains perform is to serve as liaison between our Catholic patients and the priests from the local parish. When patients are sick, their family members usually request a Sacrament of the Sick (SOS), for healing. SOS sometimes is referred to as the Last Rites.

We received such a request one Saturday early in February, from a family with Vietnamese origin. The patient, the mother of the family, was going to be extubated the following morning. Her two sons would come to say goodbye, and they wanted the priest to say a final blessing.

According to the patient's chart, the she had already received the Sacrament of the Sick. I put in the request to the parish, providing the patient's room number and the time of the extubation. But as a back-up plan, my chaplain peer, a Catholic Eucharistic minister, would also be available.

Sunday morning came, and I noticed how "normal" things felt. The COVID cases were much lower than the month before—in fact, there were only 5 patients in the Emergency Room, which was shockingly low. Now that we weren't in "crisis" mode, I felt more room to actually feel my feelings.

We greeted the patient's two sons at the entrance of the hospital and escorted them up to the ICU. They told us that their father had passed away here, a few years prior. One son was married and

spoke fluent English. The other son was single and had lived with the patient, prior to her hospitalization. Although this was the older of the two sons, he deferred to his younger brother, who had better English. This is often the case in immigrant families.

The priest did not show up. My colleague led us in Catholic prayers appropriate to the occasion, and then we left the patient's sons in the room, to say their goodbyes. That day, nursing staff on the ICUs were so overloaded that some had 3 patients to take care of (the norm is 1-2). Because of this, the patient's sons got extra time with her. Sometimes, the extubation requires a whole team, and it must occur whenever the doctor arrives. Today, there would be no doctor, so the schedule was more flexible. For that, I was grateful.

40 minutes passed by. Finally, I escorted the sons out. The older son carried a plastic bag, containing the patient's clothing, dentures, and Medicare card, among other things. The younger son communicated with the nurse about mortuary arrangements. "You'll let us know when she passes?" "Yes, of course."

On the way out, the younger son visited the restroom, and I spoke with his brother about the adjustment it would be, not only to grieve his mother's passing, but also the loss of his role as her live-in caregiver. He was a gentle soul, and he said the hospital made him afraid. "But, I must walk the path that life gives me," he said, in his accented English.

When we reached the hospital lobby, I bid farewell to the two brothers. As they walked out to the parking lot, they put an arm around the other's shoulder, heading back out into the world together, and having said goodbye to their mother for the last time. Watching from inside the lobby, the thought came to me: "A life time of memories with their mom, and only 40 minutes to say goodbye."

Our rule of thumb as chaplains is that we can show emotion, and we can cry—but never more than the patients or their families. So far, in nearly 6 months of my chaplain residency, I had yet to cry at work. My eyes had welled up a few times, but that was the extent of it.

This was one of those moments, and to stop myself from losing it in the hospital lobby, I quickly turned around to walk back to our chaplain office. Within half an hour, I would be out seeing patients again, in the Emergency Room, with another one of my chaplain colleagues, for a peer shadowing assignment.

Things move quickly on the job. Mentally, I release each patient I have seen into the care of the Universe as I transition to the next one. But certain moments leave a deeper impression, and live on in my heart. The memory of this morning's extubation was one that would stay with me, along with the tenderness of goodbyes a lifetime in the making.

Chapter 10: "You Probably Made a Perfect Catholic Today"

In the middle of the winter surge, I spoke with the sister of a COVID patient, who was in Critical Care. The patient was Catholic, but had not been baptized, and this concerned the sister. Over the phone, I let the sister know that I would speak with the nurse about having the priest come and

perform baptism from outside of the room, in some way, since COVID restrictions limited patient contact.

Half an hour later, I went onto the COVID unit to find the nurse. He was a friendly travel nurse from Georgia, whom I had not met before. When I arrived outside the patient's room, the patient's family was on Skype with her. Although she was intubated and unable to respond, I could hear her family members speaking words of love, through the computer screen.

I introduced myself to the travel nurse, whose name was Cecil, and updated him: "So, I just spoke with the sister, and I'm going to see if a priest can come tomorrow, to do some form of baptism from outside the room, if that's okay? Do you think she will last through the night?"

"Honestly, it's hard to tell these days. You wanna do the baptism now?"

His enthusiasm bolstered my spirits. That thought had not crossed my mind. "Well, she's Catholic, and they have specific requirements about only the priest doing certain things. But, why don't you check with the sister, since you have her on Skype."

A few minutes later, I found myself standing right outside the patient's room, face-to-face with the patient's family, through the computer screen. As I opened my mouth, I trusted that all those years of visiting various mass services would help me to sound as Catholic as possible.

"In the name of the Father, the Son, and the Holy Spirit..." and the words flowed. I asked that the Lord receive the patient—I used her full name—into His loving arms, when the time came for her to leave this earth. I affirmed the water of baptism, "of eternal Life..." and handed it over to the nurse, who wheeled the screen back to where the family could see the patient.

Remaining outside the room, I had a small cup of water ready for the nurse. "Do I just splash this over her face?" he asked in all sincerity. And I just had to smile. This black Southern Baptist nurse was being as faithful as he could to his understanding of baptism—immersion was impossible, but he would use up every drop of water that he could!

"Let's do it the way the Catholics would. You can just dip your finger in the cup, and make the sign of the cross on her forehead. Can you do that?"

"Sure!" His eyes lit up, from behind 2 layers off masks and a COVID protection bubble helmet, which looked rather like a space helmet.

The water administered, Cecil wheeled the computer back to the doorway, where I finished off the prayer, ending once again "In the name of the Father and the Son and the Holy Spirit" as tears streamed down the family members' faces, and I could see smiles amidst the sadness.

Not wanting to expose myself for too long, I quickly left the unit after sanitizing my face shield and washing my hands. The whole thing had taken 15 minutes.

Later, I texted a group of seminary friends, spread out across the world. One friend in particular is a German Catholic monastic living in Austria.

In response to my story, he wrote: "According to Catholic canon, anyone, even atheists, can perform baptism in an emergency. So, you probably made a perfect Catholic today!

Poetic Reflections on Indescribable Moments

So much of what we do as chaplains cannot be quantified. We do our best to put into words the moments we share with patients and their families. After each visit, we enter a chart note into the medical record, using clinical language to describe emotional and spiritual encounters. Each week, we produce written reflections that our educator and peers read. And each month, we detail one specific visit in a Verbatim, in order to revisit what was said, what could have been said or done better, and what we learned about our functioning as a chaplain. In the next few posts, I will be attempting to capture my hospital experiences through poetry, which points to the sacredness of more inarticulable feelings. May the Mystery be expressed and experienced through the smattering of sentences that I will attempt to share in the days to come. Amen.

Haiku I: The ICU

Patient unconscious
Family cannot visit
COVID restrictions

I go to bedside
To convey family's love
Passing messages

We are go-betweens
Believing they can hear us
And feel their loved ones

Haiku II: Grief

Grief comes in cycles
New loss brings up memories
Of other losses

We hear of old loss
To help in current healing
It's all related

Haiku III: Lament

Laments are refrains
What patients repeat often
Notice when they do

Helping one feel heard
Is more healing than fixing
We hear their laments.

Chaplain Chronicles: Concluding Thoughts

Easter has come and gone.

My parents are finally vaccinated.

And I've started to hug friends again.

But the first embrace of 2021 came before the world began opening up, and before our hospital allowed visitors back onto the floors. Except in the case of patients who were nearing end of life.

On March 14, I was called into the Critical Care unit where I had served for 6 months, on the evening of my last on-call shift of my second level of chaplaincy training.

A patient was actively dying, and her husband had come in to say goodbye, was at bedside, and could use some spiritual support. She was Sicilian Catholic, and had already received Last Rites. He was a thin man, perhaps approaching 70. I have gotten used to the wide-eyed look of shock and sadness in family members' eyes, when they come to say goodbye.

I encouraged him to speak to his beloved, because hearing is the last sense to go, and because I believe that the human Spirit can receive all messages of love, no matter the physical state.

At one point, he stepped out of the room to tell me that, after seeing how much she was suffering, he was ready to make a decision to withdraw care. This was a shift from his initial statement, when I arrived, that he needed more time. Sometimes, seeing is believing. Part of the grief is accepting that the patient will not make it, even if the actual letting go takes time.

The nurses put in the order to have a compassionate extubation. I waited with the husband outside of the room as they did the work of taking the patient off her breathing tube. He showed me pictures of her, looking healthy and happy. He fielded texts from others—her sister in Big Bear, for example—giving them updates in real time.

After the extubation, we let the husband sit by the patient's bedside. One never knows how quickly they will pass after an extubation. Many of our nurses are Catholic, and they often feel helpless in times like this. Often, they will want to do something to ease their own sense of helplessness, even if the family has not requested it.

The nurse initiated a group of us singing "Ave Maria" at the patient's bedside, with the husband's permission. The music therapist part of me squirmed as it was done improperly, based on what I'd learned in my training. But in sacred moments at the end of life, there is enough Grace for good intentions to transcend technique.

The husband left right after I offered a prayer of blessing. I always end prayers for Catholics with the sign of the cross. I escorted him out of the hospital, and at the lobby, he said, "I'm going to be a basket case when I get home" (to their two beloved cats—whose pictures I'd also seen) and suddenly wrapped me in a brief hug.

Ecclesiastes 3 reads:

There is a time for everything,

and a season for every activity under the heavens:

2 a time to be born and a time to die,

a time to plant and a time to uproot,

3 a time to kill and a time to heal,

a time to tear down and a time to build,

4 a time to weep and a time to laugh,

a time to mourn and a time to dance,

5 a time to scatter stones and a time to gather them,

a time to embrace and a time to refrain from embracing,

6 a time to search and a time to give up,

a time to keep and a time to throw away,

7 a time to tear and a time to mend,

a time to be silent and a time to speak,

8 a time to love and a time to hate,

a time for war and a time for peace.

Her fight for life was coming to an end. His process of grief had just begun.

After the husband walked out of the hospital, the security guard at the front lobby asked, "Did she die?"

"She's about to, I think," I said.

"Fuck!" he exhaled.

Yes, in professions like ours, sometimes, there is a time to curse.

I quickly got back into the elevator, and stepped back onto the Critical Care unit. I rejoined the nurses in the patient's room, where they were still singing. Within about 2 minutes, the monitor indicated that she had passed away. There was a 0 by the line that measured her heart rate. More embracing, and both nurses broke town in tears.

The pandemic had taken its toll on all of us. There had been so much death, and so many goodbyes. I did not shed tears—I tend not to, and have always been that way in such times—but I felt their sadness. I remembered the image of the husband taking off his mask for a brief moment, when he kissed his wife's forehead one last time.

When I got home, I told my parents (who were visiting) that, even though I started my career as a helping professional in hospice music therapy, I had never actually seen someone pass away, been there at the moment of death. Even in my first summer of chaplaincy, I had been with patients right after or before their last breath.

This was the Universe's gift to me, on the eve of my last on-call shift in a season of COVID chaplaincy.

Learning from the Narrative

I did not write the Chaplain Chronicles with any other intent than to record these experiences for my own remembrance. After they were written, they became a means for me to share snapshots of "what I did at work" for family and friends who were interested in knowing more and had time to read them. Later, as I decided to include them in my research, as part of the autoethnography, the pedagogical functions behind this writing process became clearer. In applying the concepts of narrative pedagogy outlined by Frank Rogers, I have come to see how writing down my experiences helped me to learn about the ways that the story of COVID-19 intersected with my own spiritual and professional literacy and personal identity, provided me with contemplative encounters and critical reflection, and ultimately gave me the creative vitality to merge my own story with the larger narrative of social empowerment. I have applied these paradigms for narrative pedagogy to my understanding of my experiences.

As mentioned above, I came to reflect upon the narrative paradigms in Rogers' work after having written my blog posts, and once I decided to use them as part of my autoethnography. This, to me, shows that narrative—both the living and telling of our stories—and the process of learning from narrative occurs whether or not we explicitly apply theory to it while it is occurring. It is a human tendency to remember and record (in some way, not necessarily through writing) our own experiences. The gift of having pedagogical paradigms for narrative is that educators can approach the process with intentionality and use it for various functions, functions upon which I will expound here. Thus, it is in the revisiting of these writings, through a theoretical lens, that I move beyond acknowledging a meaningful chapter in my life towards integrating the meaning with my learning. As I learn from my own experiences during CPE, I am better equipped to facilitate it for others as a CPE Educator.

Narrative Pedagogy, Literacy, and Personal Identity

My writings both show and have contributed to my sense of identity in being and becoming a chaplain. Written from the heart of the first winter surge of the pandemic, they narrate my pastoral identity as being central to my sense of purpose. To be myself was to be a chaplain, and chaplaincy was an expression of my truest sense of self. To simply tell my friends and family, "I love being a chaplain" was not enough. I needed to use the stories from my CPE residency to communicate my passion for the work—to increase the lay person's "literacy" on what chaplaincy actually entailed.

In chaplaincy, it is a common refrain that "if you didn't chart it, it didn't happen"—when referring to a patient visit. In our society, having things "in writing" somehow legitimizes it. Perhaps I felt the same about my experiences in chaplaincy. In social encounters, it often seemed difficult to feel that others had the capacity to hear me speak of my time at the hospital, due to the emotional intensity of my experiences—not everyone is "up for" hearing difficult stories about death and illness. But to say to my friends, "I wrote a series of blog posts about pandemic chaplaincy" became an invitation for those who had true interest and capacity to ask me if they could read my writing. Those who took the time to do so were inducted into a kind of "literacy" about my chosen profession.

While understanding the heart of chaplaincy—beyond simply knowing what we "do"—is different from the religious literacy that Rogers describes, there is overlap in the pedagogical functions in that both religious communities and the chaplaincy profession "profess that some stories are intrinsically transformative."[2] What differentiates a collection of anecdotes from "'canonical stories,' narratives that have paradigmatic authority for a community's sense of identity, integrity, and purpose" is the meaning we make from what happened. For chaplains,

[2] Rogers, *Finding God in the Graffiti,* 35.

being able to make meaning from both our patients' experiences and our encounters with them contributes to our understanding of our vocation and builds upon our professional identity.

The efficacy of story "in conveying religious literacy" comes from the realization that the content of any tradition—whether it be religious faith or a professional legacy—is "narratively constituted."[3] During my time in CPE, I referred to our hospital manual for guidelines and benefitted from our classroom times on forming my own best practices in chaplaincy. Yet the most transformational learning came from my presentation of patient experiences in verbatims and through discussions with my cohort. It was the stories from my clinical experiences that formed the content of chaplaincy, not the rules and regulations we followed in the hospital. Indeed, as I have come to learn, many of our professional best practices come from stories—examples of what to do or what not to do. Similarly, communal identity and meaning comes from remembering examples from experience. As Rogers writes, "people do not place their faith in a system of doctrine or a set of ethical commands; they place their faith in God, a specific God, who has acted concretely in history and is only known through the particularity of these concrete actions. The content of faith is a story."[4]

Rogers goes further to state that, not only are stories the substance of the content of religious faith (or, in my context, a vocational canon), "religious communities themselves are narratively constituted. The very glue that binds a people's collective identity is the story of their common journey toward a shared goal. In essence, communities *are* stories."[5] This could not be more true in the time of pandemic, when chaplains' sense of community was directly embodied in our shared experiences. Our shared goal was to be agents of healing in a time of great suffering. Our commitment to the journey was our commitment to one another.

[3] Rogers, *Finding God in the Graffiti*, 36.
[4] Rogers, *Finding God in the Graffiti,* 36.
[5] Rogers, *Finding God in the Graffiti,* 37.

Out of this came what Rogers has called "literacy—fluency with the language a community shares" by virtue of "knowing the narratives by which that particular community's core identity is constituted."[6] In recalling my stories of pandemic chaplaincy, I was speaking for myself and simultaneously offering a representation of the professional community as a whole, as filtered through my individual perception and interpretation. Other chaplains were able to read and relate to what I wrote, and lay persons gained a sense of literacy through my descriptions. In entering into my experiences through story, they entered into the world of chaplaincy. I surmise that my readers' interest in chaplaincy came from genuine curiosity and their friendship with me, and it is in this sense that storytelling can transmit information (through a personal interaction or relationship) in ways that are more effective than simply "stating the facts." Thus, my writing served a dual function of identifying who I was and, in doing so, introducing others to a significant part of my identity.

Just as a community is narratively constituted, so too are individual identities.[7] As Rogers has observed, "narrative educators…recognize the importance and power of story in forming and transforming one's sense of personal identity…The self is a story—each of us, in essence, the central protagonist in the novel of our life."[8] In a training program that emphasized narrative—both through the practice of doing Story Day at the beginning of each unit, and also through the use of the Theme Approach throughout the unit—I had engaged in my own sense of identity through the stories I shared with my chaplain community throughout CPE. My process of writing the blog posts further solidified my sense of identity as a chaplain, in relation to the world outside of CPE. For me, that process of writing went beyond fulfilling assignments within my cohort, but was an act of remembrance that would last far beyond CPE.

[6] Rogers, *Finding God in the Graffiti*, 37-8.
[7] Rogers, *Finding God in the Graffiti*, 56.
[8] Rogers, *Finding God in the Graffiti,* 56.

The decision to include those very private blog posts in my dissertation speaks to Rogers' insight that "personal development is not a private enterprise. We construct identity within a story-saturated social context."[9] As I shared in previous sections, my original focus for research was on others' experiences—ethnography—filtered through my understanding of the subject through my own experiences. Making the shift to centering my own narrative—collaborative autoethnography—has integrated several aspects of my identity, from my social location to my vocation to my academic interests. In keeping with the CPE notion of humans as "living human documents," my narrative is a starting place for the study of self in several contexts—professional, academic, and personal. The fact that "religious and cultural narratives transform meaning within identity-bestowing self-stories" is indeed a layered "dimension of narrative's effectiveness in shaping personal identity."[10] Interestingly, my writing about my professional experiences, which began as a deeply personal endeavor, is now given more meaning as I bring it into a more academic framework. Using narrative paradigms to interpret the writing and the process of writing imbues it with new meaning, and thus adds to the construction of my identity within a larger context—"life is experienced differently when interpreted through a wider horizon of narrative meaning."[11]

In Rogers' theoretical orientation, the last "dimension of narrative's contribution to identity formation" is that "the essence of …faith is living one's self-story within the interpretive landscape of the Christian narrative world."[12] In my context, I take this to mean that my personal experiences of chaplaincy are interpreted within the community and context of my CPE peers. This is why I begin but do not end with my own narrative, but rather situate it within

[9] Rogers, *Finding God in the Graffiti,* 59.
[10] Rogers, *Finding God in the Graffiti, 59*.
[11] Rogers, *Finding God in the Graffiti, 59*.
[12] Rogers, *Finding God in the Graffiti*, 60.

conversations with my peers. I am, because we are—my identity is meaningless within a vacuum and is formed through my relationships with others and my larger environment.

Narrative Pedagogy and Contemplative Encounter

Many of my anecdotes depict the contemplative encounters that a chaplain is blessed with on the job—performing baptism for a dying patient, facilitating farewells for grieving family members, and being with those who have lost their ability to use their voice. In my interactions with patients and their loved ones, I was joining them in the co-creation of their stories, in the face of suffering and the mystery of why things were happening in such a way. Rogers writes about how "sacred stories and myths have the power to mediate an encounter with the numinous" and how reading sacred narratives helps us "glimpse for ourselves the divine realities to which these figures are so passionately pointing."[13] In keeping with CPE's understanding of those we encounter as "living human documents," my patients were stories in themselves. Reading their stories, by bearing witness to their suffering, gave me a glimpse into some of the deepest divine mysteries known to humans—love, grief, death, and life. Encountering sacred stories through my patient visits were, for me, "portals to God."[14]

In the stillness that holds, surrounds, and permeates a sacred encounter, I see at play Rogers' insight that "narrative knowing is existential"—it is "distinct from and deeper than mere cognitive or intellectual reflection."[15] In my experience of performing baptism for a dying patient, I did not need to "know" from my Catholic priest friend that what I did was legitimate, in order to *know* that God's breath of life connected the patient with something sacred through the baptism. In the case of the patient who had no voice left but could write one sentence, I did not need to fully "know" her story in order to *know*, through being with her and holding her hand at

[13] Rogers, *Finding God in the Graffiti,* 82-83.
[14] Rogers, *Finding God in the Graffiti,* 83.
[15] Rogers, *Finding God in the Graffiti*, 84.

the bedside, that what she had gone through in surviving COVID was unspeakable and had touched her on a soul level.

The beauty of the work of chaplains in a clinical setting is that, even as we uphold professional boundaries and sound judgment, the very nature of our work means that "the imagination is the medium through which the soul is accessed and engaged," and this is why the patient stories we encounter through our work "are so effective in fostering contemplative encounters."[16] Even though so much of our work in CPE requires a level of verbal processing—whether it is in speaking with patients and listening to their stories, or in writing verbatims and reflections—the stories that foster contemplative encounter often have a wordless dimension, a sense of knowing, through imagination, what is feels like to be another person. In the knowing of another person through what we sense and feel, we encounter the Divine as well. This is the kind of encounter for which no amount of training can prepare us.

Narrative Pedagogy, Critical Reflection, and Societal Empowerment

For me, the power of these sacred encounters prompted much critical reflection on what our society values, and whether those values matter at the end of life. In an American society that values youth and independence, what did it mean for me to accompany the dying and those dependent upon medical staff for survival? Just as "cultural narratives are a means of enculturation,"[17] narratives within the medical field tend to favor curative interventions and measurable results. Rogers observes that enculturation, or socialization, "is the process by which a person absorbs a community's worldview, beliefs, values, ways of living, even language simply by virtue of participating in that community."[18] The interesting thing about a chaplain's role is that, by virtue of being within the hospital system, spiritual care becomes a part of a

[16] Rogers, *Finding God in the Graffiti*, 87.
[17] Rogers, *Finding God in the Graffiti,* 106.
[18] Rogers, *Finding God in the Graffiti,* 106.

patient's treatment goals. At the same time, CPE helps chaplains engage in critical reflection, because the goals of spiritual care often nuance the medical community's assumptions on what "wellness" or "improvement" might look like.

In my verbatim of the code blue, in which a patient who was my age passed away, I offered an alternative telling of the story in the context of prevailing medical culture that felt that "failing" to save the patient's life meant a defeat in the narrative. To me, the conversations I overheard with nursing staff gave me a window of how this code blue put them in touch with their own vulnerability and mortality. This was a key turning point in my own framing of the narrative of pandemic. For me, it was a breaking point that prompted critical reflection amongst medical staff. This critical reflection went beyond the immediate aftermath of the code blue, as my verbatim depicts. It spilled into conversations about the systemic injustices highlighted by the pandemic, and how nursing staff felt both called and ill-equipped to respond.

Rogers rightly points out that "cultural and religious narratives often enculturate in oppressive and destructive ways,"[19] furthering the need for critical reflection. My writing of the Chaplain Chronicles reflected a desire for critical reflection on cultural and religious narratives of what "ministry" or "healing" looks like—paradigms that were a part of my own spiritual formation and that I found to be ultimately oppressive (and even destructive). In my experience, the religious version of the medical establishment's focus on saving patients' lives manifested in prayers for healing and miracles. The sense of helplessness we encountered during pandemic was, for me, an opportunity to reframe what motivated us to do our jobs. Could we carry a sense of purpose and hope when a disproportionate amount of patients could not be saved, either through medical or religious means?

[19] Rogers, *Finding God in the Graffiti*, 109.

Here, I link Rogers' narrative pedagogical dimensions of critical reflection and societal empowerment. When the lived stories I encountered were so different from what society valued—stories of patients who died or whose lives would forever be altered by disease—the retelling of those stories gave me a space for "critical reflection [that was also] a means of personal empowerment and human agency."[20] I (and often the rest of the medical team) could not cure my patients, but our encounters were priceless and worth remembering simply because they were human encounters. This, to me, was the "good news" of an experience as painful and profound as pandemic—the reminder of humanity's inherent worth, by virtue of having existed on earth. This drives my values as a chaplain and has compelled me to share my own experiences with a wider audience. My contribution to the larger narrative of pandemic gives me a sense of social empowerment—I can participate in shifting the balance by highlighting more views than the dominant one.

Rogers writes that "Christian faith involves participation in the story of God's societal project"[21] and that this project of God's takes on historical, social, and participatory dimensions.[22] "God's project…is also a narrative project," one that moves humanity towards a world of liberation and inclusion.[23] Operating under this assumption, and in the context of the Narrative Pedagogies Project, "social empowerment pedagogy invites young people to claim their Christian vocation…to join forces with the sacred in the narrative project of God's social agenda." In a time when most others in the workforce stayed home to work remotely, the fact that I had the incredible privilege of coming into the hospital and being at the bedside of patients

[20] Rogers, *Finding God in the Graffiti*, 111.
[21] Rogers, *Finding God in the Graffiti*, 165.
[22] Rogers, *Finding God in the Graffiti*, 166.
[23] Rogers, *Finding God in the Graffiti,* 166.

whose loved ones could not enter imprinted in my consciousness the degree to which I could participate in God's presence on earth through my vocation.

For chaplains in CPE, Rogers' paradigm rings true in that "educational settings are narratively constructed," and narratives are thus "central in fostering social transformation."[24] Citing Freire, Rogers reminds us that education is inherently political and will encourage students to either accept or question the status quo and structures of oppression. I was fortunate in that my CPE Educator during the height of the first winter surge consistently empowered me to express my observations on structures of oppression that existed not only in the hospital, but also in society as a whole. We watched webinars that addressed issues of race and sexuality, and we were encouraged to write to these issues in our verbatims. Thus, my verbatim of the code blue was a step towards integrating the larger narrative of systemic racism and healthcare inequity into my clinical experience.

For educators who understand that "involvement in narrative activity is intrinsically transforming,"[25] facilitation of the narrative activity becomes rich soil for planting seeds of transformation. Rogers highlights the fact that "'right action' comes before 'right belief,'"[26] which fits well with the CPE learning model of action, then reflection, followed by new action. Code blues highlight this in that chaplains respond immediately to the code, having very little information on what is occurring prior to reaching the scene. Chaplains ascertain the situation through observation and, as needed, by asking medical staff. There is no "game plan" or prediction of what will be asked of the chaplain. But the right thing to do is to show up, every time. Our presence brings us directly into the narrative—and our potential for transformation.

[24] Rogers, *Finding God in the Graffiti*, 167.
[25] Rogers, *Finding God in the Graffiti*, 168.
[26] Rogers, *Finding God in the Graffiti,* 168.

Narrative Pedagogy and Creative Vitality

The final paradigm that I reflect upon from Rogers' pedagogical framework is the use of narrative in accessing creative vitality. While the clinical setting of chaplaincy is not one that we typically associate with narrative art forms and creative expression, my experiences in CPE—given the program's emphasis on story and storytelling—do speak to how "artistic activity connects us with the sacred spirit of life" because creativity brings humans close to the heart of God.[27] Working in a hospital setting that values facts and figures over narrative, I have found room for artistic activity as connecting us "with the sacred spirit of life," as something that is "intrinsically restorative."[28] Writing haikus on my blog brought to life what mattered most about my experiences. Stripping away the verbiage and the details, they summed up the spirit of all that chaplains offered. Poems, for many, "give beautiful shape to their experience,"[29] and for me, the syllabic containment of the haiku—limiting descriptions to five-and seven-syllable lines—helped me set free some of the deepest emotions of grief and loss.

Finally, "artistic activity heals the soul."[30] In the CPE setting, artistic activity can be likened to playful banter that help chaplains to stay grounded in times of deep sorrow. When writing the Chaplain Chronicles, I was surprised that, of all the countless stories I could tell, the anecdote about "What Not to Say" was important enough to highlight. Clearly, there was something about my cohort's "turning on its head" a set of inappropriate platitudes that breathed life into the midst of a winter surge—leading to laughter that dispelled the stress we all carried in our beings. In the midst of laughter and tears, our bodies completed the stress cycle and our souls were given permission to heal.

[27] Rogers, *Finding God in the Graffiti*, 130, 32.
[28] Rogers, *Finding God in the Graffiti*, 131, 33.
[29] Rogers, *Finding God in the Graffiti*, 135.
[30] Rogers, *Finding God in the Graffiti*, 136.

My blog posts offer a thick description of the hospital environment during the pandemic of 2020-2021 in that they bring readers into the emotional world of a chaplain. In reflecting on how I interacted with my environment—individual patients and staff, family members, and events like code blues, compassionate extubations, and viewings—I learned a great deal about what was important to me and why I chose this work. In further analysis of both the content and the process of what I wrote, I have seen the theoretical underpinnings of narrative pedagogies at play. This is meaningful because, unlike written assignments in CPE that designate their purpose at the outset, retrospective analysis of what, for me, was an organic process, demonstrates the learning the is inherent to narrative engagement.

The anecdotes I chose are but examples of the myriad of encounters to which chaplains throughout various hospitals are privy. As I wrote to my readers: "As you cycle through them, may you bear witness to the sacred work that is ours to sustain together—whether in person, or in spirit." For those who sheltered in place outside the hospital during that time, our hope was that the work we did somehow made an impact.

Now that I have provided a descriptive introduction to some of my key experiences of chaplaincy, I weave in conversations with my chaplain peers to further explore the layers of the narrative. Whereas this section has demonstrated the ways that engaging in narrative provides several dimensions of learning and meaning, using Frank Rogers' six theoretical dimensions of narrative pedagogy, the next section uses Internal Family Systems to explore the efficacy of the Theme Approach. Presenting my collaborative autoethnography in two parts allows for both the centering of my own unique experiences and an exploration of the impact the pandemic of 2020-2021 had upon my chaplain community.

Part II—Collaborative Autoethnography with Chaplain Peers

Integration of Themes

My experience as a chaplain during the pandemic was life-changing. In looking back at the encounters I had with patients and with peers during my CPE residency, I recognize that there were interpersonal and intrapersonal dynamics at play in each given moment. These dynamics can be understood through Internal Family Systems and narrative pedagogies such as the Theme Approach.

The Theme Approach was a framework through which to process our experiences with our cohort, and to track our own personal formation and professional growth. The process of engaging the Theme Approach in CPE lends itself to the functions of narrative pedagogy detailed in the previous section. Yet every chaplain engages their theme with varying degrees of insight.

In the course of using theoretical frameworks to understand my own lived experiences, I have come to conclude that Rogers' functions of narrative pedagogy are both inherent within the Theme Approach and also accessible (or inaccessible) to the student (and educator, as they facilitate learning for the student) to the extent that they have the capacity to engage in the process with self-awareness and insight. Due to my own exposure to Internal Family Systems and ways of understanding narrative that were informed by Rogers and Hauerwas, I could identify the ways that my own themes showed up in relation to my chaplaincy experiences. In addition to cycles of action, reflection, and new action that are inherent to CPE, I had the opportunity to reflect on my process, both through the personal act of writing blog posts and also through the academic project of conducting this autoethnography.

I have been intentional about seeing the CPE process through various frameworks, for the purpose of not only deeper understanding of my own experiences, but also so that I might better

facilitate learning for others. Similarly, finding themes in my research provides access points through which to integrate theoretical frameworks and from which to further our understanding of research and pedagogy. This section, then, revisits my experiences in the context of my community of CPE peers, and in light of themes chosen for CPE and the themes that arose in our conversational interviews. As an overview, I list below each of my spiritual themes, according to each of my four CPE units.

CPE Theme	Integration (of various life experiences into the chaplain role)
Variation #1	Intention (hope and healing) a) Emotional/Mental: what one intends to bring about; determination or resolve b) Medical: a process by which a wound heals (see #1-4, below) c) Spiritual: the object for which a prayer, mass, or pious act is offered Medical definition of intention: 1. close the wound by clotting 2. localize swelling, right after injury, to control bleeding and prevent infection 3. rebuild the wound with new tissue, along with a new network of blood vessels 4. fully close and wound and remove and the cells that had been used to repair the wound
Variation #2	Imagination (as new action after reflection with lament)
Variation #3	Identification (of my own emotional experiences and values)

Table 2—Spiritual Themes

As mentioned previously, my initial unit of CPE occurred prior to pandemic and is outside the scope of this research project. Having chosen Integration as my first theme, I have come to see subsequent themes as "variations upon the theme"[31] of Integration. Thus, my second unit of CPE (from September 2020-March 2021) is the first variation; my third unit of CPE

[31] This concept comes from a style in Western classical music, where a musical theme is developed through a series of variations.

(from March-June 2021) is the second variation; and my final and fourth unit of CPE (June-September 2021) is the third variation.

Variation #1: Intention (Hope and Healing)

I began my year of CPE six months into the pandemic, in September of 2020. This year was divided into three units of CPE, which comprised a chaplaincy residency. Due to my doctoral work, I began my residency in a six-month extended unit, which met on Thursdays for classroom time and then had our hospital clinical hours on Saturdays and Sundays. In the cohort, there was a mix of religious representation (including Buddhist, Catholic, Free Methodist, Mennonite, and Nazarene); ages (ranging from 34-65); as well as cultural backgrounds, (including Hispanic, White, Italian, Thai, and Chinese from Hong Kong).

Our classroom time included a Story Day, where we each shared for 45 minutes about ourselves and important turning points, or themes, in our lives; verbatims, where we each presented on a patient visit through written form and sought feedback from our Educator and peers; group supervision, where we discussed ongoing group dynamics and changing hospital policies; and various "didactics" on topics relevant to chaplaincy, such as grief, personality frameworks, and the Life Cycle of Groups.

We began the unit wearing masks, not seeing one another fully until lunchtime, when we ate outside. During a time when most of society was staying at home, to even be in the company of other humans felt novel. Many of my research participants mentioned the fact that COVID was inextricably intertwined with their experience of CPE, and that they were unable to distinguish between what was "normative" for CPE, from a non-COVID or pre-COVID perspective. Wearing surgical masks and only seeing half of people's faces was the new normal.

Having to wear face shields or protective eyewear became par for the course when entering patient rooms, and we often had to put on gowns and gloves as well, depending on what kinds of precautions were in place. Each chaplain at the hospital wore a badge, attached to which was a sensor that tracked how consistent we were with washing our hands using hand sanitizer when entering and exiting patient rooms. Several of my research participants spoke about their concern for their own safety, initially. Participants used descriptors like "good-scary" (Stephanie), "nerve-wracking," "scary and anxiety-provoking" (AA), and being "thrust into a situation where we really needed to be able to think on our feet and step out into vulnerability to serve the needs of others who needed answers, where we were barely learning ourselves " (RG). Because CPE took place as the pandemic was unfolding, "everything we learned through instruction came with some real-life lessons that we didn't have time to ease into gradually because of our unique situation" (RG).

Most of us, however, soon realized that the precautions we took worked. Stephanie and I spoke about the fact that not one CPE student, in the time between September 2020 and September 2021 contracted COVID from the hospital, and how this was Divine protection. PS spoke about hearing how chaplains at her hospital were not given masks, due to limited PPE. By the time she entered her residency, however, the issue had been resolved. UK was very mindful about returning from the hospital to his religious community and place of residence every day and keeping his distance so as not to alarm others. Eventually, he realized that the hospital was one of the safest places to be during a pandemic, due to our safety precautions.

On weekends, we were expected to work fourteen hours at the hospital, on our assigned units. I was assigned to a critical care unit, observation (short stay), and a few other "regular medical" hospital floors. During that time, the hospital was closed to visitors, except under

special circumstances, such as the time of death. The privilege of being able to visit with patients, when their loved ones could not, brought special meaning to our CPE experience.

KW spoke about the fact that there was no family allowed when her CPE began, allowing her to learn chaplaincy skills directly with patients and without the pressure of dealing with families. She saw that "patients were lonely and that helped me know this is what I want" to do—"this is a difficult time, most people don't want to do this job, but there's this need, and that gave me so much passion everyday to come to the hospital…it's like, 'this gets me up in the morning.' This is a crisis that gave me purpose." I resonated strongly with her sentiment that the pandemic helped us "to see the value of chaplains, because their families can't come in the room, but we can."

I wrote as part of my self-evaluation (this is required for each student at the end of a CPE unit) for clinical work:

> I have thoroughly enjoyed patient visits. My attitude while walking into the room has been to view each patient with "unconditional positive regard" (Carl Rogers). As I attuned to patients' physical, emotional, and mental states, I was very intentional about where I positioned myself, rate and volume of speech, body language, showing them my badge and giving them time to read my name, and asking for permission to visit. As my understanding of spiritual assessments increased, I was able trust my instincts more during visits, using my spiritual authority to ask questions in order to assess for patients' needs and resources. I was able to have long visits on 2Tower, where I was assigned, and often found that patients' current hospitalizations often surfaced emotions around previous losses, which they had not had a chance to process. As I often shared with patients, I believe that verbalizing those past experiences was a part of their current healing process. In process theology, God and humans co-create reality, and that helped inform my approach to spiritual care. Together, the patient and I co-created a connection with their sense of Self and their sense of the Divine.

Due to my familiarity with the hospital from my first unit of CPE, along with my background as a music therapist, I was able to provide care in intentional ways. One of the ways that I integrated my personal habits into professional practices was in my comfort with making phone calls. Having moved so frequently in my adult years, I was used to keeping in touch with

friends who lived in other states via phone call and felt comfortable with deep conversations in that mode:

> In Critical Care Surgery, I spent time making phone calls to family members from the unit, informing them of the availability of spiritual care and offering emotional support. Often, I passed on messages of from family members to their loved ones at bedside, and I offered prayer if requested. As part of my chaplain role, I shared with family members my belief that patients could hear and receive their messages, on a spiritual level, even if they were in critical condition. When it was safe to do so, I also provided ministry of touch to patients in critical care, in order to decrease feelings of isolation and to foster connection and care. When appropriate (if I had asked family members about patient-preferred music), I also sang to nonverbal patients at bedside.
>
> During the COVID surge, I greatly enjoyed making phone visits to patients on 5Tower and Observation. In my experiences, phone visits cut to the heart of a patient's core spirituality, as there is less room for small talk and visual cues. The same has been true of phone visits to patients' family members. I often found myself actively listening to family members share at length, and would end the visit by saying, "It was nice to have connected to deeply, even without meeting in person." It brought me great satisfaction to contribute to our cohort's tip sheet for making spiritual care visits over the phone.

These two paragraphs demonstrate the amount of processing, on many different levels, which CPE requires of chaplain interns. As budding professionals, we were asked to reflect upon our attitude towards patients and how we made spiritual assessments, the kind of personality and presence we brought into the room, and how our theology affected our care for others. One of the personality traits I shared with many of the other chaplains who came into CPE was that we self-identified as Intuitive, according to the Myers-Briggs personality framework. This meant that, in any given moment, we were able to put meaning into the experience. Thus, rather than being simply descriptive of "that facts" (what we saw and heard), we were also attributing deeper meaning to what we saw and heard.

RG "felt privileged to be in a hospital cohort at that time. We were certainly fortunate to have the experiences that no other cohort ever had. If ever a time existed where chaplains were needed, it was then." PS reflected on her thought, "Wow, I get to do this!" throughout the pandemic as well. Having patients tell her, "I've never told anyone this" showed her that the role

of a chaplain was a safe one—patients "may never see me again," and that gave them the freedom to share intimately.

As PS spoke about her experience of giving communion to a patient before surgery, and of realizing she didn't "have any less value because I'm not ordained in my church." I thought of my own experience of baptizing a patient on the COVID unit, while the family watched on Skype. As a woman who was also not yet ordained, finding my spiritual authority to bring comfort to a patient's family, as she was dying, was incredible.

In a year when the global sense of reality was filtered through the lens of a pandemic, we chaplains found our way, one step at a time. DW, a new graduate of seminary in his '20s, said that it was "weird" because "you're learning about CPE and the pandemic simultaneously." Asked about what he learned about chaplaincy through CPE, he said, "Everything! Everything that I know about chaplaincy, I learned through CPE."

DW spoke of his first call to the ED, during his second week of CPE. There had been a death, and he remembers the "adrenaline rush…heart pounding" as he made his way to greet the family of the deceased. In accompanying the family members to say goodbye to their loved one, he went from experiencing nervousness—including a moment of blanking out on what the word "spouse" meant—to finding his bearings and being able to provide "pretty good care" for the family, satisfying the bare minimum requirement for medical ethics: "I did no harm." In this moment, this young chaplain realized that he was able to do this work, and that "someone else might have never recovered" from the experience.

This openness to risk and new experiences is found among most chaplains, many of whom initially took CPE simply to satisfy a seminary requirement, or to see what it was like. PS and Stephanie both spoke of how they never thought they would continue on after their first unit

of CPE, which was simply a degree requirement. UK said that, prior to CPE, "I knew I had patience, but I didn't know [until CPE] that I had *that* much patience." He remembered "so many incidents for me to cry [or feel like putting up a] fight, but somehow, I was calm." CJ, a seminary student who had had a lifelong career in education, said that he had heard so much about CPE from seminary colleagues and that because he had "never done it before," the bar was low enough where he felt that "everyone will understand if I fail." The experience was "unique, by virtue of CPE being weaved in with the pandemic," both of which were "new to me." Thus, it was "difficult to tease out how pandemic impacted my particular experience."

At the same time that CPE and pandemic were a blended reality, different chaplains also noticed different aspects of that reality. KW spoke about the anger exhibited by patients' family members, who were not allowed to visit their loved ones. Some had differing views about COVID and vaccination, making her feel angry as well. AA talked about how tough it was to see patients dying of COVID in the hospital, to see Emergency Room filled with ventilators and patients in the hallway, only to exit the hospital and see people not take the pandemic seriously. And PS spoke of her own navigation of different family members' views on vaccination.

AL commented on themes of "helplessness and frustration that was quite universal, mixed with guilt, love, and worry" for family members. As a chaplain, her own sense of ***helplessness*** came with not being able to be in the room with COVID patients, of recognizing that even as a chaplain with many years of experience, there was "nothing specific in [her prior training] to help this population." AL ultimately found her way by relying upon the ways she ministered to others in critical conditions.

Another shared theme across chaplains' individual experiences was a need for ***safety*** to do the work. This safety occurred on physical levels, but also entailed a sense of emotional

safety. As providers of spiritual care, emotional safety was important to our ability to do our work. This theme of ***safety*** was tied up in people's ***sense of reality***, whether that had to do with visitation policies from patients' loved ones, or with feelings about vaccination.

In my research, I recognized that, in the midst of a shared experience, each of us brought our own personality into the job, and that also created individualized experiences of reality. Recognizing that all "parts" and experiences are valid, I was curious about the themes that shaped those experiences. Thus, it was important to ask research participants about their spiritual themes, in conjunction to having conversations about their CPE experiences.

Themes in CPE come in many forms. When students choose a spiritual theme, they are committing to learning about themselves in the context of professional growth.
Learning to think thematically helps chaplains to also identify the themes showing up for patients, and in their peers. Some of the themes chosen by my research participants include:

- Confidence
- Vulnerability
- Authenticity
- Inadequacy
- Presence
- Hope
- Slowing Down
- Saying "No"
- Discernment in helping others
- Seeing others as whole
- Making Space for Death
- Exploring my Fear of angering others

Interestingly, my interest in spiritual themes came, in part, out of my own difficulty in choosing spiritual themes in CPE. In particular, my second unit of CPE, which spanned six months' time, I was not able to settle on a theme until nearly halfway into the process. As I was able to recognize after the fact, this was partially due to not feeling completely safe with my peer group and some of the strong personalities within the cohort.

My original idea of Lament felt too tender to explore within a group of peers with whom I did not feel comfortable sharing my experiences of grief and loss. Out of self-protection, I decided to focus on a more conceptual theme. I chose the theme of Intention, which had many different layers of meaning:

> Intention (meanings)
> a) Emotional/Mental: what one intends to bring about; determination or resolve
> b) Medical: a process by which a wound heals (see #1-4, below)
> c) Spiritual: the object for which a prayer, mass, or pious act is offered
>
> Medical definition of intention:
> 1. close the wound by clotting
> 2. localize swelling, right after injury, to control bleeding and prevent infection
> 3. rebuild the wound with new tissue, along with a new network of blood vessels
> 4. fully close and wound and remove and the cells that had been used to repair the wound
>
> As I wrote in my final self-evaluation for that unit of CPE:
>
> …The process of choosing a theme showed me that I am an experiential learner, which meant that I had to allow time for my theme to find me, through my CPE experiences, rather than deciding up front what it would be. I am also a relational learner, which meant that I also needed to have a theme that I felt my peers and CPE educator could support me through, over a period of six months.

This need to feel safe with the cohort, for me, was key in determining how I approached my spiritual learning theme.

In my interviews, I gained different perspectives that shed light on this need for safety. AL, a fellow Asian American woman who was extroverted and came to CPE from a difficult work situation, shared that she felt quickly that it was a "very supportive environment." She

shared that, deep sown, she "didn't care if it was [actually] safe or not"—her belief that it was safe made it so.

To an extent, I could relate with AL's thoughts. As I shared during my interview with RG: during the unit, due to the sense of privilege of being on the front lines of the pandemic, I had decided, when it came to peers, "I don't have to actually like you for us to be a team. I like you because we're in this." RG remembered how I had struggled with my theme and how I had set strong boundaries, stating that there were certain things I "didn't share with people I [hadn't known] for a long time," things that I shared deeply and regularly with my personal friends, but not in the professional setting.

DW, a fellow introvert, commented on the assumption in CPE, in working with the Theme Approach, that " in these three months, we're going to bring up our deepest insecurity or personal thing, dig it up and bring it up in every conversation," while also learning "how to be in a hospital." For him, it was fortunate that the CPE educators he encountered over his three units at the research site were "very caring and sensitive people," which is necessary "for [the Theme Approach] to work." But he still has questions about how much of a "demand [it puts on] students [to] get comfortable and lean in [and] if they want to back out, [to] not really give them that option, because now we're giving the rest of the cohort permission to constantly bring [the theme] up, and who knows if these fellow interns are safe and insightful enough" or if they will make their own unsafe assumptions and projections. And although CPE strives to be a safe environment—for example, each cohort spends a week writing a covenant—the Theme Approach had the potential to "upend people."

Having this conversation with DW helped me understand why I experienced the Theme Approach so differently during different units of CPE, depending on who was in my cohort

during that time. Bill mentioned in his interview that he tends to go to his head rather than his heart during difficult times, and I saw this within myself in how I approached my spiritual theme in a difficult cohort—moving from an emotional theme to a conceptual one. I wrote in my final self-evaluation (which as my educator commented, read more academic than personal):

> In using Intention as my theme, I was able to more fully understand the process of spiritual care, from a place of hope, on three levels: 1) As the hospital weathered COVID surges, I applied the medical definition of Intention to understand how the system as a whole had to experience healing in different stages, and that helped me to locate my role as a chaplain within that process. 2) Each weekend, I entered into clinical hours by first lighting a candle in the chapel and setting an Intention for that particular day, which helped guide my internal sense of self as I stepped out onto the hospital floors. 3) And finally, in acknowledging each of my peers' intentions to grow and learn together, I came to trust in our relationships, experiencing healing interactions that made me feel seen, heard, empowered, and respected.

This theme of "Intention" (which I framed through Hope and Healing) came during a time of my life when I was going through a deepened sense of loss. I needed hope, and I needed healing. So did the hospital system.

In reflecting on the application of my spiritual theme to my relationship with hospital staff, I recognized the importance of chaplains in providing care not only to patients and their families, but also to other members of the medical team. The code blue incident, followed by conversation with ICU staff, which I wrote about in my blog, is an example of staff care. The role of chaplains in supporting medical staff was crucial during the pandemic. I wrote in my final self-evaluation:

> Due to this being an extended unit, I was unable to attend weekday clinical rounds. During my weekend visits, I touched base with the unit secretary and charge nurse regularly, as well as social workers and nursing staff …I was intentional about valuing and working with each member of the care team, regardless of their "rank" within the hospital system. As the unit went on, I overcame my shyness in relating with critical care staff, building rapport through humor, and even welcoming new nurses by being a friendly presence. Because I was intentional about making phone calls from the unit, and charting on different wings of each floor, I was available to staff, who would seek me out to assist with patients, or to process their own stresses. With [my Educator's] permission,

> my third verbatim described two related incidents of staff care, surrounding a particularly traumatic code blue on the COVID unit. My spiritual theme of Intention came into play as I sought to understand the process by which a wound heals, on a systemic (hospital-wide) level, and the chaplain's role and timing in ministering to staff.

I spoke about this process in conversation with PS, who had also had ***Hope*** as a spiritual theme during her first two units of CPE, prior to pandemic. Having focused on Slowing Down as a spiritual theme in her first unit, she found that her next theme was Hope. As PS went on to do her residency at a different hospital, during the pandemic, she wondered if she could reuse these two themes, as they were still relevant. She spoke of wondering about hope when seeing pediatric patients pass, of being in interdisciplinary rounds and hearing staff use the words, "poor prognosis" and asking herself, "how do I still hope when I hear" the words, "failure to thrive"? She spoke of how those words "felt like a death sentence," causing "a pit in my stomach." It was a nurse who encouraged her with the words, "there's always a reason to hope." And as she later processed with her supervisor, she pondered the possibility that "maybe there isn't hope for a cure," but perhaps there was hope for quality of life and meaningful goodbyes, which prompted the question, "how do we think about hope in a different way?"

Reframing what ***Hope*** meant was crucial in our work as chaplains. DW shared about a 38-year-old patient who was dying of COVID, and of the family and pastor's refusal to accept that reality. As a chaplain, he remembers thinking, "There's gotta be room in your theology for lament, for thanking him for the life that he did have, for the time together" as he reflected on his own priorities for mourning and dying well. For DW, working as a chaplain had expanded his theology to include ***Lament***.

Bill spoke about the role of ***lament*** in his life as well, and the importance of "learning to lament really well" as a chaplain, and how lament is "something our society really sucks at." Through COVID chaplaincy, and through his own personal grief, Bill said that "lamenting is the

thing that's kept me sane." When asked what lament meant to him, he said: "for me, it's acknowledging [that an outcome] is not what you expected, acknowledging the feeling, and making room for something else to happen."

Hearing Bill's reflections on Lament was meaningful, given my own struggle to incorporate Lament into my spiritual theme work. As he put it, Lament looked something like this: "Ok God, I thought this is what you wanted for my life…but it didn't happen…now what? And then having the Hope for restoration, because God doesn't even promise that—God promises to be with us…but you get glimpses [of the restoration]."

As I completed my second unit of CPE, Lament was still something I was trying to grasp. I wrote in my final self-evaluation for the unit:

> My first unit of CPE (summer 2019) was the first time that "stronger" parts of my personality were validated in a spiritual setting. My supervisor wrote (and peers affirmed), in response to my advocating passionately about certain things, "Her anger can be a gift." In the subsequent year, I began to learn to express anger in healthier ways, and to experience greater acceptance of my anger from those in my life. Once my anger found expression, it gave way to feelings of sadness and grief, feelings that I had used anger to cover up in the past. As the firstborn daughter of immigrant parents, one of whom experienced chronic health challenges, I naturally gravitated towards anger rather than sadness, in order to be "the strong one" in the family. By the time this unit began in the fall of 2020, I was much more in touch with my own sadness, and I experienced such safety in my cohort that I could explore feelings of grief/lament, as well as hope/healing.
>
> As an introvert and internal processor, much of my grieving and healing process took place quietly, but no less powerfully. While some of my peers shared openly about their daily lives from the start, and without much prompting, I gave myself time to build trust with the group, choosing to share more personal feelings on a one-to-one basis. I used our Weekly Reflections as a space to share as well, and I gave peers permission to ask questions about what they wanted to know about me. I also set boundaries around my energy by prioritizing patient visits during weekend clinical hours and dedicating Thursday didactic times towards my peers. My first two Verbatims coincided with a loss in my personal life that caused me to unconsciously seek to bypass grief with patients. The group encouraged me to explore those themes in my own life, and to lean more about the process of healing, which I was able to do as the unit went on.

Knowing that healing was a process, I saw myself undergo emotionally what was true for the medical phases of healing in a wound: a self-protective phase, in the aftermath of loss, followed by growing new tools for health and healing. In our chaplaincy work, we encountered the sorrows of patients who died alone, families who were kept outside the hospital, and the fatigue of medical staff. And yet, hope came through the COVID vaccine—which I was privileged to get as part of an early wave of healthcare workers—and through a new presidency. Soon, the world would open up again. Time would heal the brunt of the trauma of the pandemic.

Variation #2: Imagination as New Action after Learning to Lament

As I approached my third unit of CPE, my next spiritual theme came to me immediately. I wanted to explore the role of Imagination in re-envisioning life after COVID. I also wanted to reconnect to my own sense of Imagination, which I considered to be a part of my identity and sense of self.

A week before the unit began, our hospital opened up to visitors again for the first time since March of 2020. Even as the hallways of the hospital would soon become more crowded with visitors, my life was quickly become more communal as I bonded with my new cohort. Whereas in the extended unit, we had structured class time on Thursdays and set our own clinical hours for the weekend, in the full-time unit, I was truly sharing daily life with my peers, in a 40-plus hour workweek.

Writing about organizational autoethnographies, Andrew F. Hermann has stated that, "Besides sleeping, most of our time is spent at our places of work."[32] In my experience, being in CPE full-time gave me a place to locate myself, to know others and to be known by others. Due to the use of the Theme Approach in processing how our hospital experiences interacted with our

[32] Andrew F. Hermann, "Introduction: An Autoethnography," in *Organizational Autoethnographies: Power and Identity in Our Working Lives*, ed. Andrew F. Hermann (New York: Routledge, 2017), 6.

life stories, it became true for me that, "'in practice, autoethnography is not so much a methodology as a way of life.'"[33] In sharing about myself in a group of peers, I got to know myself in new ways, based on their responses to what I shared. In a unique time when I saw my CPE peers more than anyone else in my life—friends and family—they became a cohort that, for me, was akin to Hauerwas' idea of God's people on a journey.

As I quoted in the introduction, this cohort became a "model" of sorts, for what CPE could be, and what DW and I fondly called "the poster child" unit of CPE. As a cohort comprised of all Christians, we also happened to share similar personality types and vocational goals. Four of us were in our third unit of CPE and had already been training at the research site for six months. We were familiar with the culture of the spiritual care department and had become comfortable in our chaplain roles in the hospital. The other two peers were also planning to use the unit of CPE for further professional development towards chaplaincy.

In our group conversations, we often referred to our personality types as a tool for continued growth and self-understanding. At this particular research site, the main personality framework used to train chaplains is the Myers-Briggs type indicator. In our cohort, we had three individuals typed as INFP (myself included), two individuals typed as ENFP (including our Educator), one individual typed as INTP, and one as ISFJ.

A cursory glance shows similarities in the –NFP combination for the last three letters and in more individuals typed as I than E for the first letter. This meant that, for the most part, we shared similar values and tendencies towards intuition, insight, creativity, enthusiasm, nurturing of positive images of self and others, sympathy, friendliness, and devotion to meaning.[34] It also meant that, due to shared Introversion and gaining energy from being alone, we respected one

[33] Hermann, "Introduction: An Autoethnography," 1.
[34] These traits are taken from CPE training materials on the Myers-Briggs Personality Profiles.

another's space and were careful to protect our energy. Our group also shared an interest in the Enneagram personality framework, bringing it into didactics and written reflections.

In my written reflection following our first week together, I wrote:

> When [our Educator] asked us on Day 1 about what drives us and what draws us, I mentioned the word "imagination." That is a word that has come to me many times, as I've been preparing for this full-time spring unit. After 6 months of COVID-centered chaplaincy on weekends, I am beginning to imagine what a post-surge life looks like.
>
> I have loved getting to know my peers. I feel very nurtured and held by the energy we bring collectively, which is not something I can say about every group setting. On Tuesday, I realized that I did not find myself consciously playing a "role" in the group, which is a sign of growth (as an Enneagram 2)—it means that I am putting my own experience first, and not feeling a need to be someone/something for others. Although orientation week has been quite involved, I found that I did not feel drained when I got home in the evenings, which is a positive (and rare) sign for introverted me. I greatly appreciate the self-awareness and sensitivity that each person in our cohort brings…
>
> …Story Day was powerful for me. I was able to share from places of vulnerability that I did not feel as comfortable doing with peers from my previous unit until more trust had been built, later in the unit. I cried—something that did not occur last unit. Being able to share deeply about my story felt healing, empowering, and connecting. I experience the Divine when I connect on a heart-level with others…And I look forward to embracing this unit and all it has to teach me.

Almost immediately, my experience of this cohort was one of safety, which allowed me to become more emotional and to show vulnerability. In allowing these parts of myself to interact with others, I was able to learn about myself in new ways.

As the unit continued to unfold, my relationships with my peers blossomed. I was also enjoying a new season in my life, of re-acclimating to a world seemingly emerging out of the worst of pandemic. In Week 3, I wrote in my written reflection:

> When I lived in Boston, "April showers bring May flowers" was a common phrase. Having grown up in California, this phrase did not mean much until I saw how true it is on the East Coast. This week, there were morning showers on Monday and Tuesday as I drove to work. I joined in with misty eyes of my own—Monday, because the local elementary school is going back to in person for the first time since COVID (seeing little

kids walking to school with masks on touched me and made me tear up), and Tuesday, because of the news from Minneapolis [verdict on the officer who killed George Floyd].

Our world is slowly going back to normal, and this means that there are family members present to witness Code Blues.[35] I'd forgotten how much energy and emotional impact that has on nursing staff, who have to chart about a death as the patient's family members grieve a few feet away. I'd forgotten about how long it takes me to fully recover from the energy I absorb while bearing witness, holding space, and being a non-anxious presence. And I'd (sort of, subconsciously) forgotten that death comes in all forms—not just through COVID. The Critical Care social worker and I processed the COVID experience a bit on Tuesday afternoon. Since I was here during the fall and winter (albeit just part time), I am trying to find chances to do tiny chunks of debriefing with staff, especially those who witnessed more COVID cases.

I mentioned in my first weekly reflection that I'm shedding tears in this unit of CPE much more freely than before. Things that touch my heart draw out tears. This happened a few times during group, especially when I witnessed Ron and Methuselah and Hugo speaking about and inviting one another into emotional vulnerability. I think it is such a beautiful thing when men allow themselves to feel, and I am grateful for these peers. I am also grateful that Methuselah brought up the news and the issue of racism on Thursday, during our IPR time. I am even more grateful that [the guys] and I got to unpack that a bit more during the last hour on Thursday, in the student room. I hope that all my peers will feel free to embrace and engage their embodied experiences while we continue training to be chaplains, because it is all related.

As I shared with the guys, on Thursday, I was reminded of my own embodied experiences that morning. There was a(n attempted) flirtation by the family member of a patient first thing Thursday morning, as I rode up to 4 North in the elevator and directed a male visitor to the right room. I am used to these kinds of (usually harmless) interactions by now, but I realized later in the day that this dose of (annoying) reality did take away from my sense of Imagination that had begun to take flight this week, and put me off-kilter. It made me be on my guard and forget to tap into my Imagination.

Presenting on Imagination on Monday, and then having [individual supervision] on the floors, was incredible. So much has been activated by my cohort's incredible support of this theme. You all get it, and that means so much. I shared with Ron and Hugo that I've begun experimenting with "casting" different "spells"—such as an Introvert Cloaking Spell—as I walk out onto the floors. This is inspired by "Once Upon a Time," a show on

[35] Code Blues are medical emergencies that occur when a patient's heart stops, and triage must be done to revive their breathing and heart rate, often through medication and chest compressions.

> Disney Plus that I'm currently watching. [My Educator] and I also discussed a lot of ways that I can continue to empower myself to see patients, through Imagination…
>
> …Roxanne and Stephanie have wonderfully challenged my previous assumption that the ED usually goes to male chaplains. And I've met patients on the floors who raved about "the lady chaplain who spoke with me on the ED"—and appreciated reading Roxanne and Stephanie's notes about those initial encounters. This is an area of growth in Pastoral Competence that I look forward to.

The reflections above illustrate a continuation of the themes of safety within one's sense of reality in my third unit of CPE. In great contrast to the unit before, I embraced my spiritual theme and allowed my peers into the process. It helped that so many of us had been at the hospital for previous units of CPE, and that we had similar personality types. Without having to work too hard, we "got" each other. Two of the other INFPs from this unit of CPE participated in my research as interviewees.

Stephanie spoke powerfully on the significance of CPE in her life: "I learned about life…about living life…real life, not fabricated life…not how I think people want me to be" but a more authentic sense of "being real with myself." In owning that "I have a lot of baggage" and that it was "part of who I am," she was able to grow in self-awareness, recognizing "what makes me tick, [what makes me] angry, defensive, where resistance to criticism comes from." As she became more self-aware, she was able to know when she was being triggered. Now, "I don't project it onto other people, I deal with it."

During this unit of CPE, I was also learning how to deal with some of my own triggers and baggage. No longer as focused on the hospital system and my role in it, or on how to feel safe within a peer group, I was able to simply allow things inside of me to manifest, and to address them in real time. I more fully embraced the ways that I brought all of my experiences, as well as my embodied self, into my role as chaplain.

DW echoed similar sentiments, in being aware of "different parts of yourself in different scenarios," where he would recognize, "I'm having this reaction, but that's not for here." During our unit, he would frequently encounter patients who were, like him, white and male, who would assume that he held similar racist assumptions that they did. He had to learn the skills of setting aside his triggers to "meet them where they're at." At the same time, he learned to draw boundaries and assume a professional role, because "without intent, [you are] not doing chaplaincy, you're a civilian having a nice visit." In claiming his role, he could remind himself: "I'm a professional chaplain, with goals for your care." This helped him distinguish between patients' racist comments that were a reflection of their spiritual needs, or as small talk and side comments that he did not need to address.

Our cohort frequently talked about the prophetic role that chaplains play, in addition to a pastoral one. These conversations were relevant to my own development as a practical theologian. During this unit of CPE, I was continuing to preparing for PhD qualifying exams and serving as a TA for a seminary class in Cultural Fluency. As both a practical theologian and a chaplain, issues of equity and justice informed my views on the world. March of 2021 marked a year of the pandemic in the U.S., and with it came a fresh wave of anti-Asian sentiment. After the Black Lives Matter protests the summer before, there was a renewed sense of solidarity for all minorities who were at risk.

As a racially diverse cohort, we were confronted with ways that our social locations impacted group functioning. In watching webinars on racism in the healthcare setting, we navigated difficult conversations with our Educator and each other, which ultimately led to deeper trust and understanding. Our ability to address and work through conflict as a group was a rare experience for me, and I attributed it to similar personalities (and therefore styles of living

out our values and expectations) and our shared training at the research site, with a cohort consisting of many returning chaplain interns.

As a "model cohort," this small community seemed to provide a living example of how the Theme Approach served as a tool for learning, suggesting that the longer students were immersed in it, the stronger their capacity was to engage in deep transformation. Interestingly, the spiritual theme (Lament) that I had not been able to explore in my previous unit of CPE worked itself into my engagement with Imagination. My Educator had asked me at one point, during individual supervision, if my strong sense of (and attachment to) Imagination had actually contributed to or increased my Lament, especially when reality did not match up to my Imagination. In recognizing that ways that this was indeed a dynamic in my life, I was able to re-imagine my reality, after learning to lament (and feeling safe to do so in the community created by the cohort). Thus, Imagination was a continuation of the Intention (Hope and Healing) that came before.

As we transitioned towards closure, I certainly felt like I had been transformed by engaging in Imagination. In my final self-evaluation, I wrote:

> With the support of my cohort, my theme of Imagination grew from concept to praxis over the course of the unit. By keeping me accountable in asking questions about Imagination on a consistent and curious basis, my peers and educator helped me find language to describe how Imagination functioned, both in my experiences and in my philosophy.
>
> …The trust I built with my cohort allowed me to discover that my personal baseline and theoretical frameworks come from my life experiences. Sharing about those experiences with the group allowed me to understand my present self in light of the past, to lament the ways that "reality" often disappointed my sense of Imagination, and then to re-imagine new actions after taking time and space to lament.

Variation #3: Identification of Emotional Experiences (and Values) in Real Time

My fourth and final unit of CPE took place in the summer of 2021. After a spring of reprieve from COVID, the Delta variant was now on the rise. I began the unit with a sense of fatigue. The spring had been wonderful and intense. I had passed my qualifying exams and completed other PhD requirements that now placed me in All But Dissertation status. I was an official PhD candidate, and I was one unit away from finishing my CPE training.

The week in between my third and fourth unit of CPE, I had seen a chiropractor to address some ongoing issues, and I had been recommended a six-month treatment to correct the loss of natural curves in my spine. My body was communicating its needs to me, along with the fact that the intensity of the spring had taken a toll. In addition to CPE and the PhD, I had taught music lessons and served as a TA throughout the spring. I was tired, and my body needed better care.

As the new members of the cohort began forming connections, I discovered a shared tendency towards "self-preservation" in the group. One group member consistently took a walk during lunch; another, a twelve-minute nap in his car; and still another took time to soak up the sunshine, no matter how hot the summer temperatures were. Small things in daily life—such as tea after meals and the temperature of the shared office space—were given great attention. As with previous cohorts, we were a diverse group—culturally, spiritually, and in terms of stage of life: white, Black, East Asian, Southeast Asian, Jewish, Buddhist, Seventh-Day Adventist, Pentecostal, and Presbyterian, with three peers over 50 and three under 40. And, as with the prior unit, I felt at home with this group.

Two of the peers I interviewed from this group were both seasoned professionals in the field of education, including one who taught courses on chaplaincy. Two hailed from Buddhist

spiritualities, including one who was a practicing monastic, and were (at the time of our unit) not necessarily interested in becoming chaplains, but rather using CPE to augment their learning in seminary. As I was in my final unit of CPE, hearing my peers' perspectives on their adjustment to the process gave me fresh eyes on a reality in which I was already steeped.

CJ spoke to the fact that by the time he was serving as a chaplain, "most of the heavy lifting [had already been] done by staff beforehand." He reflected on hearing me speak so "clinically" about COVID precautions during orientation week—hand washing and sanitizing practices, for example—and recognizing that what was commonplace for me, almost a year into my CPE residency, was new for him and "scared the shit out of me." As he became familiar with the hospital, he continued to see how "we're in the wake of [the worst of] it, getting the back end, also getting the exhaustion of personnel and infrastructure problems" (such as the hospital being understaffed). In our quarterly Tea for the Soul for staff, where we gave both refreshments and encouragement to our assigned units, staff shared "how hard of a year this has been."

AL commented on the fact that, more than a year into pandemic—the Delta variant was prevalent during our particular unit of CPE—she noticed that hospital staff sometimes could not help but have discriminatory attitudes towards the unvaccinated. As a chaplain, she reminded herself that "people end up in the hospital as a result of choices"—even prior to pandemic. Her job was not to judge others, but to "see beyond to their deepest longing or fear."

Using IFS language, AL remarked upon the fact that people's motivations come out of a desire to protect themselves. Her non-judgmental attitude reflects the belief in IFS that there are no bad "parts" within us. All parts act out of a desire to protect our Self. And the way individuals choose to protect their sense of Self differs. As chaplains, we often saw many sides of a given

situation—staff concerns for their own safety, in caring for COVID patients, along with patients' reasons for not being vaccinated.

Still, the wearing of masks continued to remind us of how this "new normal" was reshaping social interactions. UK noted, "the face is the mirror of the heart," and without masks, "I cannot see the reality" [of another person's inner heart]. In wanting to "read their feelings," he saw how easy it was to "hide behind the mask." Coming from earlier units of CPE where we wore much more protection, just having to wear a mask felt very minimal to me. Again, in hearing my peers' speak of their adjustment to hospital chaplaincy, I recognized how much my norm was unique.

One of the biggest differences I sensed in my patient care was the removal of guidelines around eye protection. Up until June, I had worn a face shield during patient visits. Now, it was just a mask, and I still wore my hair up as an infection control safety measure. The biggest difference in removing the face shield was that, as with my first unit of CPE, I was once again getting more personal questions from patients regarding my age and marital status—something I had been spared from September to June. Thus, while my peers experienced wearing masks as a barrier to connection, I was encountering more invasive questions from patients than before.

As I worked on identifying my emotional experiences as they occurred in each moment, I found that I was more sensitized to my own triggers and anxiety. Previously, I had become an expert at "turning down the volume" on my feelings, and now that I was being asked to "turn up the volume," I was sensitized towards comments that would have previously been brushed aside.

I wrote in my final self-evaluation:

> My spiritual theme for this unit was Identification of Emotional Experiences and Values. My goal was to use engage in identification of my emotional experiences, in real time, as a means of clarifying my values, for the long term. Having come from a unit of CPE in the spring, where my theme of Imagination led to deeper understanding and engagement

> in lament as it related to long-standing patterns in my life, I was ready to connect my day-to-day emotional experiences (which changed and fluctuated) with my long-term values. In designing my learning contract, I invited my peers and Educator to contribute to my learning by inviting me to identify my emotional experiences in real time and helping me integrate my values into my chaplain identity...In identifying my emotional experiences as they were unfolding, rather than processing them at a later time (which is my tendency as an internal processor), I shared more openly about my personal life, in real time, with this group of peers than I normally do.

As mentioned above, I shared about many of the things I was processing with my peers as they occurred, which was a stretch for an internal processor such as myself. I gave my cohort permission to check in with me about my emotional experiences, in real time, and this led to a quicker identification of my values. What I discovered was that my emotions often pointed towards ways that my reality did not match up to my values, and this prompted me to make adjustments more promptly than was my habit.

AL was also making adjustments in her time in CPE. Her familiarity with IFS enabled her to apply it to her process. For example, she shared that she "went really deep to [her] wounded parts without reservation" because she "trusted the process of CPE and IFS…I was letting what was bottled up for a while out." In the beginning of her CPE process, AL had parts of herself that were "like a little girl trying to challenge [things that did not feel right] in a grown person's world." These "Exiled" parts of her were "deeply healed" during CPE, and in our interview, she shared: "Now that I have grown a bit more, [I] notice the difference [in that I can] talk and challenge as an adult." Those parts of her had been allowed to grow. Just a few weeks after CPE, she was able to face a significant job change with a much stronger sense of self. AL shared, in relation to her spiritual theme of self-compassion: "I want to be authentic in every stage of my life."

I related to this desire for authenticity as I worked through my own theme of identifying my emotional experiences in real time. Part of this authenticity, as I shared with AL, was in

recognizing our tendency as Asian American women to present ourselves as less than what we were, in order not to threaten others. In identifying my values, along with my emotional experiences, I learned to own my competencies and to trust that others appreciated (and were not threatened by) a fuller expression of myself.

As a chaplain, I was continuing to grow in my professional abilities. I wrote in my final self-evaluation:

> In my last unit of CPE, I wrote in my final self-evaluation that I would like to work on identification of specific systemic and medical needs, in relation to spiritual needs, as part of my goals for continued professional growth. This unit, I have worked on this goal by attending ICU rounds consistently, between two and four times each week. My self-supervision of increased presence on the unit led to deeper processing and more interactions with nurses, doctors, and respiratory therapists. My intent is to continue in professional growth by pursuing board certification as a chaplain, as well as by entering the process to become a CPE educator...

Whereas in the previous unit of CPE, I was in the company of peers who were on their way to becoming professional chaplains, in this unit, I was able to discern my desire to go a step further and become a CPE Educator. Knowing that it was a long road, I experienced more emotions that I had previously Exiled, or repressed. This was, as my Educator often put it, the "cost" of growth. It meant that I experienced the impact of patients' situations and comments more keenly than before, and it meant feeling more anxiety over the summer as I anticipated and negotiated logistics over the transition from my status as a CPE resident towards eventually becoming a staff chaplain at the hospital.

Despite any misgivings about the transition, I gained confidence in my own abilities as a chaplain, writing:

> My method of spiritual assessment is based on the format used by the spiritual care department. I seek to identify care receivers' ongoing themes, emotional needs, and spiritual resources. My intervention is based upon that assessment, as well as my understanding of Internal Family Systems. Questions I ask myself during the assessment include: What emotions are "protective parts" (for example, statements that indicate

> "denial" and "refusal" to "accept" a situation might indicate those parts seeking to protect from pain and grief) and which feelings are being exiled and need to be expressed and accepted (for example, feelings of sadness that a patient or care receiver is afraid to show)? Upon identification of care receivers' "parts," I draw upon the belief from my spiritual community, Blue Ocean Faith, that "humans need connection more than answers"—and that the connection includes connection to their spirituality, their best self, and to others. My belief is that care receivers are the experts on their own needs and resources, but the stress of the situation may be clouding their ability to access the perspectives and sources of strength that are most helpful. Thus, my role is not to tell them what to think or offer guidance, as much as it is to support them in such a way that in releasing and expressing their emotions, they can gain (or regain) clarity into what their needs and resources are.

Integrating my values into my professional work was very fulfilling. I was able to name and draw connections between frameworks like IFS and my practices as a chaplain. I was also able to draw from my theology and the values held by my spiritual community. This gave me clarity and confidence to sustain the ways I approached my chaplaincy with compassion.

On Friday, September 10th, I ended my final unit of CPE, with both gratitude and relief. In a sense, I was too exhausted to fully appreciate what I had gone through in the past year. I had completed a CPE residency during pandemic, shared the process with peers who had become friends, and gathered experiences worthy of a dissertation.

Integration: The Theme Behind Most Themes

Integration is the ultimate goal of the Theme Approach. Most of the spiritual themes students pick tend to be integrated into their professional and personal lives. As a relational learner, and in keeping with the CPE model of learning, it was through my engagement with other chaplains that I came into a fuller understanding of my own process of Integration. Thus, I see all other spiritual themes as Variations upon the basic theme of Integration. And I see the community as the primary means by which individuals integrate their themes in CPE.

Stanley Hauerwas' idea of Christian community has truly resonated with my experiences in interfaith chaplaincy. Hauwerwas would agree that being a "narratively constituted" chaplain means paying homage to the community in which I was formed. At the same time, having a "normative" idea of virtues—mentioned in earlier chapters, for example, as centering white, male, Protestant vales—runs the risk of "othering," excluding, and minoritizing individuals from diverse cultures or individuals with rare personality types.

If we move Christian virtue ethics into an intercultural and interfaith space, we can, like Alice Walker, "glean" from the experiences around us, with fresh eyes. Hauerwas' idea of community is useful when modified to fit the diversity of experiences students encounter in CPE. Taking a dialogical approach, I put his framework in conversation with the lived experiences of my research participants.

In an experience as powerful as chaplaining during COVID, much of what I remember exists in feelings and images, rather than being fully accessible through words. In inviting my community of peers to share from their experiences, I also jogged my own memory. I appreciated the ways that each interviewee spoke from their own unique way of processing. Thus, as I stated at the beginning of each interview, though it was my responsibility present the narrative, their voices would shape it.

Freirean pedagogies seek to humanize both students and teachers, through dialogical engagement and an understanding of students' social locations—the worlds they inhabit outside the classroom. In a similar vein, the pedagogies outlined by Rogers seek to transform and empower students through skillful engagement with narrative. Critical ethnographies, then—and in my case, collaborative autoethnography—are also fundamentally about understanding in order to transform. In my research, I was not only seeking to understand, from my research

participants, how the Theme Approach was a potentially transformational learning tool within CPE. I was also experiencing transformation and deeper insight about my own experiences with the Theme Approach, through my dialogue with my interviewees.

This research project could easily have focused upon finding data to show the efficacy of the Theme Approach as a kind of narrative pedagogy within CPE. My interviews certainly speak to that. Using virtue ethics, it is certainly appropriate to frame the Theme Approach as an exemplar of CPE. But as I allowed myself to learn from my research, I was also able to integrate insights from Internal Family Systems and see that the Theme Approach is further nuanced and enhanced by such an understanding. As a female chaplain of color, it was through a combination of IFS and the Theme Approach that I could fully integrate my embodied experiences and identity into my role as a chaplain. By allowing all "parts" of myself to be heard and seen, I came to a deeper acceptance of my value in the larger landscape of society.

Virtue Ethics and Internal Family Systems

Virtue ethicist Samuel Wells has written that "Ethics is not primarily about the operating theater: it is about the lecture theater, the training field, the practice hall, the library, the tutorial, the mentoring session."[36] For Wells, "the operating room separate[s] those whose instincts have been appropriately formed from those whose character is inadequately prepared. In every moral 'situation,' the real decisions are ones that have been taken some time before. To live well requires both effort and habit."[37]

What is true for physicians and surgeons also applies to hospital chaplains. Chaplains are trained with a mixture of classroom time, with their educator and peers, and by interacting with patients, families, and medical staff, in their assigned hospital units. In addition, chaplains have

[36] Samuel Wells, "Forming Habits," in *Improvisation: The Drama of Christian Ethics* (Grand Rapids, MI: Baker Publishing Group, 2004), 75.
[37] Wells, "Forming Habits," 75.

on-call duties, which often involve emergency and crisis situations. Thus, the self-awareness that they cultivate on a regular basis, through interacting with their peers, informs their ability to exhibit sound judgment when encountering clinical situations. Indeed, "when one comes to a moment of crisis, one depends on the habits one has already formed."[38]

I have found that the cultivation of personal qualities in chaplains has a direct impact on our performance as helping professionals. As I began my chaplain residency in September of 2020, I was coming from six months of quarantine life, of living in peaceful solitude, with few distractions, in which my sense of being felt more important than my busyness in doing. Slowing down, due to the world shutting down, was a welcome reprieve from the achievement-oriented society in which I found myself.

My CPE residency began on a part-time basis and gave me the opportunity to cultivate a sense of self outside of the hospital and then to live out my sense of self when I was on the job. Given that this six-month stretch included the worst months of the winter surge of the pandemic, it was fortunate and important that I had strong work-life balance. I had enough days off from the hospital to restore my sense of self, during which I cultivated healthy habits of journaling, walking, yoga, and debriefing with friends. As mentioned in the previous chapter, my habit of having deep conversations with friends over the phone aided me in doing chaplaincy over the phone, when visitation restrictions were strict. My spiritual theme of Intention was also integrated through the practice and habit of setting intentions.

This, then, is why virtue is acquired through practice and is a balancing of human tendencies. For Aristotle, "moral behavior is acquired by habituation"[39] both through having

[38] Wells, "Forming Habits," 76.
[39] Ostwald, "Translator's Introduction," xix.

good examples and also through an acquiring of practical wisdom.[40] Habituation in CPE occurs through a group model of learning. Chaplains present verbatims, in which patient encounters are recounted, word-for-word. The cohort provides feedback, and the chaplain can try new ways of approaching similar situations in the future. Weekly supervision occurs in groups and on an individual basis. There is both accountability and room for independent action.

In my next spiritual theme of Imagination, my personal narrative provided much of the structure for theme work. This version of habituation helped me to move towards my best sense of self. I focused on naming and grieving themes of loss and disappointment in my life, as well as acknowledging the ways that Imagination did not correspond with reality. Wells also speaks to the importance of imagination in the moral life, for although

> imagination tends to be perceived as the opposite of morality…and [is] associated with spontaneity and originality…both imagination and morality are concerned with describing the world in which people perceive themselves to live and act, helping communities form practices consistent with life in such a world.[41]

This brings us to the role of narrative in bringing about deeper inner awareness to our character, virtues, ethics, and tools for the journey. Hauerwas and Pinches write, "With our emphasis upon journey as the governing motif for what we take to be the best of Aristotle's insights about the moral life, we have meant to suggest that his account begs for a narrative display."[42] Thus, in imagination and narrative, we find the means by which to prepare chaplains for their work. As "living human documents"[43] to be read and interpreted, chaplains' storied selves also interact with the narratives of their patients and equip them to do the work of accompanying patients through their own journeys.

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[40] As Herdt puts it: "For Aristotle, this involved taking stock of [one's] account of habituation in virtue, of what it means to come to act virtuously for virtue's own sake." Herdt, *Putting on Virtue,*11. While a virtuous life leads to human happiness and flourishing, that *eudaimonia* is not the reason that virtues are developed.
[41] Wells, "Forming Habits," 77.
[42] Hauerwas and Pinches, *Christians among the Virtues* 29.
[43] See Boisen, "The Living Human Document."

KW spoke of her CPE journey in relation to her spiritual themes of Value and Making Space for Death, over six months of training at the hospital. What began as "valuing all the patients ended up being about valuing myself, my voice." Through the narrative emphasis of the Theme Approach, KW realized she "needed to process loss in my life," which led to her second theme of Making Space for Death. This, for her, was a "profound unit" of CPE. Her educator helped her make time to cry, and she realized "I hardly let myself cry enough." In this kind of habituation—making space for processing her emotions through tears—"I got a lot out of my system…I healed."

In our conversation, KW noted that she's "not crying now" as much, due to the healing that occurred through her engagement with the Theme Approach. She reflected that the theme of loss had perhaps "run its course…[and though it is] not ever done…[through healing, it] has lost its energy. This mirrored my own process, where after crying on a weekly basis during the unit of CPE in which Imagination was my theme, I experienced a degree of healing that meant I was less emotional in my next unit, even though my theme was Identification of Emotional Experiences (and Values) in Real Time. In that fourth and final unit of CPE, I was still aware of my emotions, but they did not need as much expression as before.

Using Internal Family Systems (IFS), we can understand this process as the healing of Exiles. In my case, feelings of disappointment around unfulfilled dreams were often Exiled, especially when I did not feel safe. This was the case when I began my CPE residency. Although my original hope was to explore Lament, due to not feeling fully comfortable with all members of my cohort, I focused instead on Intention, the process of healing.

In IFS therapy, work is often done with a person's Protective Parts to ensure that no harm will come to the Self. Having often fulfilled the role of the "strong one" in my family of origin, I

also saw this happen within the cohort: as a returning CPE student, I was not as jarred by clinical situations as my peers were and often spent time helping them process their experiences. This seemed especially true during the height of the winter surge, when we were all experiencing new levels of trauma within the hospital system. Appropriately so, it was an important time for my Protectors to maintain a sense of stability and safety. Thus, one of my Protectors, which expresses itself as a cheerful and calm presence, came to the fore within the peer group. While I processed my deeper emotions of loss with my CPE educator in individual supervision, and with close friends on my days off from the hospital, my spiritual theme of Intention was largely unable to access my Exiles within the CPE cohort setting.

In the next unit of CPE, due to the immediate sense of safety I felt in the group, my Exiles began to surface. Sadness, which I normally only expressed with very close friends in a safe environment, manifested frequently and unashamedly. My peers were comfortable with my tears—and their own—and we readily supported one another in times of sadness and lament. Thus, by the time I entered my fourth and final unit of CPE, I was ready to incorporate more of my Exiles—not only sadness, but also fear, as I soon discovered—into my new theme of Identifying Emotional Experiences (and Values) in Real Time. This new habituation meant that I was expanding the repertoire of my Protector Parts—my "normative" stance—to include previously Exiled emotions. Thus, feeling sad or feeling afraid became a regular part of my experience.

PS and I spoke shortly after we finished our final units of CPE, and we both felt tired by the end of the process. She reflected on the fact that, by the last unit of CPE (completed at a hospital that used goals rather than themes), she only had "one unmet deliverable." This prompted her to reflect on the fact that "just because you 'met' it once doesn't mean you won't

need to come back to it. Had I chosen a Theme, which… takes more time, work, [and] intention…[it] would have kept it more holistic." She had considered reusing her previous themes of Slowing Down and Hope during her last two units of CPE, because she still saw more work to be done in those areas. At the same time, at the end of a year of COVID chaplaincy, she "was just trying to be done." Thus, although she too had incorporated earlier theme work—around Slowing Down and Hope—into the hospital residency she took after her original CPE units, there was also a time to recognize that certain Exiles had been healed and were already being incorporated, or habituated, into her normative ways of being a chaplain. She noted how we were speaking nearly a year and a half after her time of using the Theme Approach on a daily basis at the research site, and she noted how it had "made a lasting groove in [my] subconscious."

In comparing the Theme Approach to goals, which are used in most other CPE programs, KW noted that goals "don't go quite as deep…[a goal] doesn't cut all the way down to childhood" and seems to be more about skill-based competencies. And yet, in her current CPE residency's use of goals, her previous work with the Theme Approach continues to pay dividends. For example, as she works toward her goal of articulating her role to staff at the hospital, she continues to Value her own story and the ways her experiences of Sitting with Loss and Making Space for Death have formed her role as a chaplain.

Aristotle's observations of human behavior led him to conclude that a virtue is the mean of two extremes, one of excess and one of deficiency. Thus, each virtue is also accompanied by two vices—one that is the excess version of the quality represented by the virtue, and one that is its deficiency. In chaplaincy, having just the right amount of a quality or virtue is also key in maintaining a sense of balance for oneself, in order to then provide care for others. For example,

chaplain must have enough empathy to feel strong emotions along with patients. At the same time, being consumed by feelings can impair sound judgment and professional boundaries.

When looking at virtues through the lens of IFS, we also see that balancing the Protector roles and the Exiled parts of us is key to engaging our experiences. Earlier, I have mentioned the role of feeling safe, both in the hospital and in the CPE cohort, in order to work with one's Exiles. Two of my research participants also spoke of the importance of creating their own sense of safety in daily self-care practices, using contemplative spirituality.

RG shared:

> As a contemplative, I already understood the importance of self-awareness and was in the process of doing just that. The tools I was given helped tremendously in recognizing any impediments I needed to deal with. Because of this I became more authentic, and organic. It allowed the divine to work through me.

I recalled how, no matter how tired or busy she was, RG always took twenty minutes out of our lunch break for Centering Prayer in the hospital's interfaith chapel. For her, CPE was as much a spiritual journey as it was professional training.

Bill also spoke about his daily mystic practices: "I grew up learning you should talk [in prayer]…and now it's 'listen.' [That is] so counterintuitive, I love-hate it….[It] gets me to listen more to God. [Instead of] 'God, I need this…and I'm listening,' [it's] 'What do you want to say to me?'" This has helped him, in the context of chaplaincy, to realize that the "Holy Spirit is always at work, in other religions too. I have a lot to learn from other people."

Remembering that, in IFS, all parts are valid and have a story, I have been able to accept and embrace each stage—each variation upon the theme—of my CPE process. In recognizing that some social environments and seasons of life lend themselves better to processing Exiled parts, I still valued and did not hold judgment towards the unit of CPE where I focused on a more

conceptual theme (Intention) rather than an emotional state (Lament). Each phase of my learning was valuable for its own sake.

Virtue Ethics and IFS in Social Context

Context matters when we speak of "me" in the context of "we." The hospital that served as my research site is located in Los Angeles County, and the patient population and diversity reflect the larger Southern California landscape. During my hospital orientation in September of 2020, as I was beginning my chaplain residency, I learned that patient demographics were at 40% Asian, 20% Hispanic, and 2% Black. Thus, while my identity as an Asian American woman might be minoritized in other areas of the U.S., here, this was not the case. Our hospital is staffed by Asians and Asian Americans from many parts of the diaspora. And yet, this did not in and of itself eradicate experiences of racism on the job. Matters of social location were discussed in my CPE cohort as issues that impacted all of us.

All of my CPE units addressed issues of social location. These issues came to the forefront during a year of pandemic when there were also movements to raise awareness towards anti-Black and anti-Asian discrimination. Much of my capacity to chaplain during the pandemic had to do with the work I had done previously around understanding issues of justice, in seminary and through interfaith work.

In the context of racial justice, virtue ethics must allow for an interrogation of what is considered "exemplary" and "normative" in society. In expanding Internal Family Systems to apply to larger communities beyond one's internal self, we begin to see that minoritized groups often have their needs and rights Exiled by the majority culture, which acts as a Protector for a status quo that may be unhealthy. In the process of surfacing and healing my internal Exiles

through CPE, I discovered that I could better identify with the values and people that our society had Exiled.

In providing care to patients and their families, chaplains are asked to compare their own social location to that of the care receiver's. This has ethical implications. Indeed, Aristotle "opens and ends the *Nicomachean Ethics* by emphasizing that ethics is part of the larger science of politics…for…man is a…social and political being."[44] In connecting ethics with the lens of critical ethnography, it makes sense to recognize, in Aristotle's framework, the idea that "moral action is impossible outside human society, for actions are virtuous or not when they are performed in relation to one's fellow men…For the Greek society and the state were identical."[45] When relating virtue ethics with the work of critical ethnography, we also recognize that any evaluative analysis must take into account larger social and political systems that affect individual behavior.

During the pandemic, social inequities were magnified. Communities of color and working moms were among the hardest hit by the pandemic, and this was often discussed among my chaplain peers, some of whom lived these realities more closely than others, due to their own social locations. Our spiritual care had to take larger systemic issues into account. Increasing our own awareness for the sake of taking a stance of justice was a part of our ethical obligation to patients and their families.

In public and professional settings, I have tended to identify myself as an Asian American Millennial.[46] In my clinical verbatims during CPE, I had to fill out demographic

[44] Ostwald, "Translator's Introduction," xxiv.
[45] Ostwald, "Translator's Introduction," xxiv.
[46] My research does not address generational categories (Millennials, Gen Z, Gen X, Boomers). Thus, while I self-identify as a Millennial, I have not correlated this category to my Asian American identity in specific ways. I have found it helpful in explaining some of my tendencies and habits to my CPE peers, since there is such a range in age. For example, I (and others) have attributed my focus on self-care and social justice to being a Millennial.

information for both myself and the patient, as shown below. Not only do I compare my Biopsychosocial and Spiritual Realities to those of the patient, but I also understand my relationship to chaplaincy through my cultural background.

Biopsychosocial & Spiritual Realities	Chaplain	Patient
Ethnicity	API	
Gender Identification	F	
Religion/Spirituality	Christian	
Socioeconomic status/ Education	Graduate student/chaplain resident/middle class background	
Military Status	N/A	
Age	35	
Sexual Orientation	Straight	
Physical/mental/health status/diagnosis	Healthy	
Immigrant status Language	English and Mandarin	
Other		

Table 3

Having chosen the helping profession as an Asian American, a career path not typically encouraged in the community, I initially carried a feeling of inferiority into my first unit of CPE, when I was surrounded by other Asian Americans in the hospital, most of whom were doctors or nurses. Their professional choices were celebrated in the Asian American world, whereas my vocation was almost unheard of and warranted much explanation.

If IFS were used to understand cultural expectations and my sense of identity, my choice to become a chaplain was one that often made me feel "Exiled." On the other hand, my Myers-Briggs personality profile indicates that chaplaincy is a rather perfect fit for my temperament. My type, the Introverted-iNtuitive-Feeling-Perceiver (INFP), is also known as the "healer." In our training materials at the hospital, INFPs were described as having "a capacity for caring which is not always found in other types." Therefore, it is only natural that "their career choices

may be toward the ministry, missionary work, college teaching, psychiatry, architecture, psychology—and away from business."

Interestingly, this personality type is (roughly) just one percent of the general population, which again brings a feeling of Exile. In CPE, I had the unique experience of being surrounded by often not just one, but up to three other INFPs at a time. This meant that the CPE environment brought to the center a rare personality type that is on the margins of society. In the safety of the CPE environment, we found ourselves safe to "surface" our full identities.

In my integration of findings, I have taken into account the personality types claimed by my research participants. I demonstrate awareness of the categories assigned to myself, and to participants, that are in keeping with social recognitions of our identity: gender, race, and age. However, in following social categories, I also subvert the assumption that they are the only means to understand identity within an ethnographic framework. In this next section, I show that identity—and the way it plays out in professional settings—is a fascinating and complex factor.

Amongst my interviewees, seven out of ten had continued from their training at my research site to a new hospital, where they completed a residency. Thus, I also gleaned snapshots of what COVID chaplaincy looked like in the larger Southern California area. Additionally, one of my interviewees had two residency experiences on the East Coast, after completing the first unit of training at my research site, which helped him to reflect upon his experiences with diversity in Southern California, two years after the fact.

In taking an autoethnographic approach, I necessarily factored in the cultural and personality profiles of my research participants, especially as they related to my own. In my time in CPE, I became friends with two other female chaplains who identified as Asian American. Both presented as very competent and extroverted, with both Myers-Briggs and Enneagram

personality types that differed from mine. In our conversations, we discussed the role of social location as it pertained to our roles as chaplains.

AL was a peer from my fourth unit of CPE, in the summer of 2021. As a professor and a hospice chaplain, she was already Board-Certified and enrolled in a fifth unit in order to discern going further in the training process to become a CPE Educator, the vocational goal towards which I was also aspiring. At first "glance," AL and I may have seemed the "most" similar. Both of us are of East Asian descent. We have PhD affiliations with the same institution. While nearly 20 years my senior, AL often said that she could identify with the way Millennials thought and had learned much from her students in her role as professor. We both liked to joke around and engage in playful banter with our CPE cohort.

And yet, we noted differences in our wiring. AL was extroverted, and I am introverted. In terms of her Enneagram profile, she is a "head" type, and I am in a "heart-centered" category. This meant that in our discussions, we often had to clarify what the other meant, rather than assume a shared idea or feeling. This proved to be helpful for gaining perspective that was not necessarily intuitive for me.

During our summer together, we often discussed what it was like to "over-function" as women of color in patriarchal and majority-white environments. A related topic that came up was the avoidance and aversion to immediate bonding that Asian-Americans have with one another in work settings, for fear of being "lumped together" by others. It was almost as if, in order to distinguish ourselves, we felt a need to differentiate ourselves from others who were "like us."

Having taken similar coursework in our PhD programs, we were familiar with and often used Internal Family Systems concepts in sharing about our processes during CPE. Both of us

worked on surfacing and setting our Exiles free in the course of CPE. Although we each had our own sets of Exiles to work with, my sense was that, at the root of our work was the longing to be seen as who we are (both by ourselves and by others), rather than what others expect us to be.

In my third and fourth units of CPE, I was able to process the racism directed against Asians in America. Whereas prior verbatims in prior units of CPE had highlighted my encounters with white or Black patients and staff, in this unit of CPE, I wrote three verbatims that examined my encounters with Asian patients. (Two of those verbatims also touched upon how others viewed my role as an Asian chaplain.) In presenting these verbatims to my peers, I was able to recognize the ways that I often downplayed microaggressions I experienced, even as I was hyper-vigilant about racism towards others. Having chaplains from other racial, ethnic, and cultural backgrounds in the group helped me to self-locate and realize how much I had Exiled my own needs, in an effort to advocate for others.

During seminary, and in the years leading up to spring of 2021, my social justice awareness and efforts were mainly concentrated on advocating for other minoritized groups. Reading Black and liberation theologians and meeting Black and brown activists in seminary had fueled a genuine desire to use my own social location—someone who is neither Black nor white—to bridge the gap in a conversation that sometimes existed in a Black-and-white binary (especially in the East Coast, where I lived during and after seminary). This continued to be the case during the first six months of my chaplaincy residency. In the wake of summer 2020 and our nation's response (and much-delayed awakening to police brutality), my Protector Parts (using IFS language) sought to advocate for others who had been Exiled, but in the process, I Exiled my own experiences of racism. It was not until the wave of anti-Asian hate in spring of 2021 that I let my Protectors take a step back from fighting for others, in order to allow my own

Exiles to surface. I was able to work through my own experiences of racism—often intertwined with sexism—both in the hospital and in general.

PS was the other female Asian American chaplain I interviewed. She was closer in age to me and was in the group of chaplains I had interviewed for my original pilot research, which took place immediately after my first unit of CPE. Since we had stayed in touch throughout the pandemic and had completed our residencies in the same year, I was curious to learn more about her experiences. Although our residencies were in different hospitals, there were remarkable similarities in our experiences of COVID chaplaincy.

PS and I have a unique relationship in that we have never been CPE peers and met through my research. With the passing of time, however, we had stayed in touch and become friends. While I did not know her as well as my peers with whom I had shared CPE, we had trained under the same supervisor and Theme Approach, at different times. I had also known her the longest and thus had built a certain amount of trust over time.

PS had texted me at the start of her residency, voicing some anxiety about being the only female in her cohort. At the time of our interview, after her residency was completed, I asked her to speak to how her social location impacted her chaplaincy. Growing up, PS had been told, "no matter what you do, you will have to work harder and longer than your counterparts." I resonated with this feeling, experienced by many women of color, of needing to be twice as good in order to get half as far in our professional lives. Yet in her residency (in a teaching hospital in Los Angeles), PS got to work with many other Asians on staff, from India, Japan, and Korea. Seeing other Asian women in the field, she realized, "I don't need to carry that burden…the reason I'm here is because so many women came before me." She was able to differentiate between what

was "constructed" in her mind as a barrier based on her social location, and what was "worth paying attention to" as a real issue.

Coming from a family of medical professionals, PS had a tendency to "minimize the work I was doing" as a chaplain, because "nobody knew exactly what I did." During the pandemic, however, she gained "new respect…when [my family] realized I was physically going in to work and not just doing phone calls," while so many others were working from home. This helped her realize "what it means to be an essential worker."

PS and I shared similar feelings of not seeing ourselves as "essential" in the beginning of the pandemic, when places like Starbucks or McDonald's were offering free coffee to healthcare professionals and other frontline workers. In seeing those offers, we automatically assumed that they were for nurses and doctors. It did not occur to us to count ourselves among them. Fortunately, for both of us, serving as chaplains during the pandemic helped us to own the "essential" nature of our work. Sharing about my experiences on the "frontlines" helped Asian American friends of mine understand and respect my chosen vocation. Integrating a feeling of worth in my interactions with other Asian Americans may have taken longer had it not been for the unique experiences of the pandemic. For, in choosing an "atypical" vocation, I was, in some ways, a minoritized part of my own cultural community.

Interestingly, I felt most at home with others who identified as "third culture" or had experiences of being minoritized. For example, I related quickly and naturally with CPE peers who, like me, self-identified as INFP in their Myers-Briggs personality profile, which is around one percent of the general population. Thus, in terms of personality, INFPs are also minoritized, regardless of race or gender. Out of my ten research participants, three were INFP and identified

as white male, white female, and Black female. Both of the white participants had lived abroad or currently lived with partners who were raised abroad.

During CPE, some of the most meaningful and "safe" conversations I experienced were with a white male INFP peer, whose capacity to hold space for me allowed me to share about my particular experiences. Being raised in the diverse landscape of Southern California, he was very aware of not "taking up too much space" as a white male and recounted an anecdote from kindergarten, when he came home from school and asked his mother why he could not have brown skin, like all his friends. During our unit of CPE—when we did peer shadowing or presented verbatims—this peer and I often talked about learning to "take up more space" in patients' rooms, as introverts. Surprised that I would ever say this to a white male, I found myself encouraging him to claim his space, because I felt he was too tentative with patients. In our interview, we spoke about the fact that, while he may not understand my experiences as an Asian American female, by virtue of our friendship, he does have a window into my world, through what I share with him.

With another INFP peer, who is white and female, I shared similar struggles around how to "take up space" on the ICU, where staff can develop an in-crowd mentality. While we were comfortable providing spiritual care to the patients in the ICU, we had to grow beyond our natural comfort zones to claim our place there amongst staff. We did so by charting on the unit and spending more time being visible to staff. Our similarities, then, were experienced through our temperament and personality type. We struggled with aspects of chaplaincy that our more extroverted peers did not, and our friendship allowed us to support one another as we grew into our roles in the ICU.

Virtue Ethics, IFS, and Community

In being a culturally-sensitive chaplain committed both to racial justice and my own internal health, I found that it was only possible to sustain this work in the long term through cultivating my well-being in times of stress. I did so through spiritual practices such as journaling and yoga and walking. I also did so through cultivating supportive friendships. Indeed, in addition cultivating virtues through habituation, Aristotle's idea of *eudaimonia* also points to the importance of friendships based not only on convenience or pleasure, but are also built on virtues that last.[47] Thus, the friendships I developed in CPE provided invaluable support for my process of becoming a fully integrated Asian American female chaplain.

In reviewing the recordings of my interviews with chaplain peers, I was reminded of how much laughter we shared and how naturally it erupted. Being a community meant that we were a part of one another's narratives. Having met in the context of CPE, our friendships operated on deep levels; we were committed to one another's growth and had built enough trust and safety to challenge one another as needed. With these friends, I was able to talk about topics that might not otherwise be discussed in "normal" social contexts.

In my interview with Bill, we spoke of his experiences with diversity throughout CPE, starting with his first unit at the research site, when he did not feel as comfortable as others did "talking about race." As we spoke, I recalled a disagreement we had had during our unit of CPE, over such issues. Two years later, we were still in dialogue—conflict had tested and strengthened our friendship—about what chaplaincy was continuing to teach us about racialized experiences. The nature of our work—actively listening to understand, hold, and support others' stories—means that we also learn to understand others' embodied and emotional experiences.

[47] See Aristotle, *Nicomachean Ethics*, trans. Martin Ostwald (Indianapolis: Bobbs-Merrill Educational Publishing, 1962).

As a relational learner, interviewing my chaplain friends was a way of continuing to explore important issues from my own CPE experiences. While many of the themes from our conversational interviews felt congruent with my own experiences, I also gained points of view that might not have come to me on my own. In keeping with the kind of research that fits Freirean dialogical approaches, the research enlarged my perspectives.

In my conversation with AA, he mentioned listening to a podcast that touched upon the ethical aspects of triaging care during times of crisis, using utilitarian and deontological ethical theories. Having naturally gravitated towards virtue ethics as my framework for understanding spiritual formation and training chaplains, I was reminded of the unique approach that chaplains brought to the frontlines of pandemic: an emphasis on being rather than doing, and of cultivating virtues in a time of extreme suffering. Sitting with helplessness, a theme mentioned often during CPE and in my interviews, we were confronted with who we were as people, not what we did.

RG related this with her spirituality. In CPE, "I became more authentic and organic. It allowed the divine to work through me, where before I made it about myself. Meaning, I spent more time thinking about how I appeared, sounded or what I could accomplish." In facing her own "impediments I needed to deal with," she grew to value herself for who she was, and not for what she did. She then brought that new sense of self into her work as a chaplain, where it was "about being present and coming alongside another person in the moment…quietly creating gentle ripples, connections, and a transference of energy that supports each person, where they are, as they are."

This spiritual connection to our work flowed across the particularities of our religious backgrounds and traditions. CJ overcame his nervousness about being a Jewish chaplain in a more Christian context when he realized how much people simply wanted to connect. In CPE, he

"learned the art of slow listening…the art of listening without thinking of what you're about to say…I'm not here to fix anything." As a chaplain, "being able to locate where the care receiver is…that's what's most important to me."

This autoethnography—writing as an Other for the Other—has sought to center and highlight our experiences with patients marginalized by a society interested in able-bodied endeavors. As a unique group of people, chaplains are drawn towards others' experiences of suffering in ways that sometimes surprise and cannot be fully understood by others, including family or those from similar cultural backgrounds. While our racial and ethnic identities affect our experiences as individual chaplains, societal labels do not define us. Instead, it is by our friendships that we are defined—we form our values and our ethics through the dialogical nature of friendships that seek to cultivate virtue.

Chapter 4: Conclusion

Research Implications for Education and Formation

What does this research with chaplains about their experiences in CPE, during a time of pandemic, say about pedagogy? In my methodology chapter, I spoke at length about how education and research are necessarily linked, within the frameworks of Freirean pedagogy and critical ethnography. In drawing conclusions about my research, I share implications for how pedagogies such as the Theme Approach might be used in conjunction with Internal Family Systems, in settings committed to practical education and spiritual formation. My belief is that an educator's primary commitment must be to the well-being of their students, through an attention to their own well-being.

The Theme Approach is one "exemplar" of narrative pedagogy, and it has been shown to be effective in the context of CPE. By focusing on students' stories and looking at their (inner and outer) dynamics, it has the potential of allowing students to explore previously untouched parts of their lives, in the safety of a cohort and under the supervision of a qualified Educator. The Theme Approach encourages students to embark upon their own form of autoethnography—understanding their story in the context of society (where they come from), community (the group in which they now find themselves), and chaplaincy (who they are in the hospital context).

Encouraging students to share their life story—or, at least, the parts they find most significant—is a practice that is found and can be easily developed in other settings committed to formation spiritual growth. Each setting comes with particular considerations that warrant attention. And in the context of professional development—such as CPE—we must remember that storytelling comes with complicated factors of power and safety.

In my pilot research for this dissertation, I had interviewed three CPE Educators. Two of them were trained under the Theme Approach, and all three were using it with their students. From those interviews, I had developed a hypothesis, using Internal Family System, about the role of the Theme Approach in surfacing Exiles within a student's narrative. I had also learned that sometimes trauma and a lack of safety impeded students' engagement with the Theme Approach. This piqued my curiosity about what factors limit its transformative potential.

In writing this collaborative autoethnography, I gained insight towards my own difficulty with the Theme Approach—particularly when it came to accessing Exiled feelings of lament—due to not feeling safe within a particular CPE cohort. One of my CPE educators had said to me, "You have really strong Managers"—and I agreed. This had to do, in part, with my social location and the feelings of having to prove my competence during my CPE residency. How could I show my most vulnerable parts when I wanted to be respected and prove my potential in the profession of chaplaincy?

If we look at CPE—the combination of clinical experiences, cohort interactions, and the supervisory relationship between the CPE Educator and students—as a facilitator for autoethnography or critical ethnography, then the conditions that may be "unsafe" or oppressive must also be named and addressed, in order for formation to be most effective. In this approach, the Educator and peers ask questions in a way that prompt self-reflection, and they serve as co-researchers for an individual. CPE, as my collaborative autoethnography has shown, becomes its own form of collaborative autoethnography. One of my roles as a future CPE educator, then, is to foster and facilitate both an environment and a process that allows for students to conduct their own autoethnography, in collaboration with their cohort.

In my own experiences, concerns over power dynamics, as well as dynamics related to personality type, greatly impacted my learning. These concerns are taken seriously in the context of critical ethnography, where power differentials inform key themes of research, in keeping with its Freirean roots of liberative pedagogy. Indeed, the starting point of research (and an educational process like CPE) can be inherently oppressive, if attention is not paid to fundamental assumptions.

Here again, Hauerwas has been criticized "for idealizing what [religious scholar Jeffrey] Stout calls 'an ethics of discipleship centered on exemplary lives,' the life of Christ as conveyed by the Gospels and the lives of the saints."[1] As ethicist Jennifer Herdt points out, "the culture in which we live is too aware of complexity and too wary of idolatry to embrace this sort of ethics of discipleship."[2] Indeed, there is a certain "modern ideal of authenticity" in which "imitating an external model can be seen as falsifying oneself."[3]

Similarly, as a future CPE Educator, I am wary of the ways that those in power look for an "ideal CPE student." It is the Educator's role to interrogate their assumptions and to ask themselves whether and when what feels "normative" or "ideal" to them might be oppressive to others with less power. In the same way that certain types of people may interview "better" (on the surface), CPE also lends itself to a kind of performative vulnerability, if authenticity is not fostered or modeled by the Educator.

Alasdair MacIntyre's work "has influenced practical theology's turn to practice from a moral and ethical perspective."[4] Virtue ethics, when approached from a position of privilege, can become oppressive if it disregards the experiences and perspectives of oppressed persons.

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[1] Herdt, *Putting on Virtue,* 6.
[2] Herbt, *Putting on Virtue,* 6.
[3] Herbt, *Putting on Virtue,* 6.
[4] Zoe Bennett et al., *Invitation to Research in Practical Theology* (London: Routledge, 2018), 69.

Aristotle, for example, discounted women as unable to have a rational mind. Hauerwas, as has already been noted earlier, may be perceived as privileging a white, middle-class, Christian perspective to the exclusion of marginalized groups.

These considerations relate with critical ethnography and Freirean pedagogy—the shared concern for the potentially oppressive, "banking" style inculcation of virtues and values through exemplars, without taking into consideration the lived experiences and social locations of participants. CPE educators would do well to remember that they have just as much to learn from their students' experiences as they have to teach them about chaplaincy. In this way, the intersection of methodology and theology create an opening for a deeper understanding of the role of ethical reflection in both pedagogy and research.

The crossover of power dynamics in research and pedagogy points to ways that researchers and teachers must be aware of whose stories they privilege as examples. For example, although the "ideal interview subject does not exist" in reality, "the idealized interviewee appears rather similar to an upper-class intellectual, whose views are not necessarily representative of the general population."[5] In other words, inherent in research are assumptions about what kind of person is a more qualified source of data. This immediately centers those whose voices represent some amount of privilege.

In my own research, I tried to be careful not to select my research participants on the basis on whether or not their sharing would most benefit my research. I realized that, by virtue of the fact that most students come to CPE after having completed (or midway through) a master's degree in theology, my research participants were already cut from a particular kind of academic cloth. It stood out to me that the one research participant without a graduate degree was the one

[5] Svend Brinkmann and Steinar Kvale, *Interviews: Learning the Craft of Qualitative Research Interviewing* (London: SAGE Publications, Inc., 2015), 193.

who showed curiosity about my own answers to the interview questions, and whose inquiries brought deep insight into my own learning process. This same research participant shared that during CPE, she sometimes wondered if her presence took away from the group's learning, because everyone else had theological degrees. I recalled that our group often concurred that her insights were actually the most profound and spiritually provocative. She was not afraid to challenge the "norm" by asking good questions. Indeed, while interviewers may assume that such idealization of the interview is beneficial to research, "well-polished eloquence and coherence may in some instances gloss over more contradictory relations to the research themes."[6] This idea of whose stories are likely to be chosen as examples for research correlates with a virtue ethics idea of pointing to exemplary narratives as pedagogical means.

As we encounter various approaches to determining what is ethical in learning processes that are reflective and that "research" its participants, it begs the question: Is there room for virtue ethics in narrative research and pedagogy? How are virtues inculcated in educational settings in authentic and liberating ways, particularly those who seek spiritual formation of participants?

In my own spiritual upbringing, the role of exemplars in the narrative pedagogies used by my religious communities meant that I read and listened to testimonies of women and men that my teachers wanted me to imitate. Classroom discussions often involved talking about the themes in their lives and the traits in their character that we could also imitate. Proverbs 31, for example, was an oft-quoted Scripture passage for what a "Virtuous Woman" looked like. In the course of writing this dissertation, I remembered that was given *The Book of Virtues*[7] on my twelfth birthday as a way to inspire moral and ethical formation.

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[6] Brinkmann and Kvale, *Interviews*, 193.
[7] William J. Bennett, *The Book of Virtues: A Treasury of Great Moral Stories* (New York: Simon & Schuster, 1993).

Looking back, I see that this kind of formation created ethical ideals for me that have benefitted my personal and professional development—I had an idea of what an "ideal" student or employee looked like. Virtue ethics, in my family context, also fit well with Confucian ideals from my parents' cultural background. As immigrants in a new country, having "exemplars" was important in helping them know how to live their best lives in this context.

At the same time, the extent to which "virtues" were emphasized sometimes meant that "vices" were not accepted as parts of the human experience. These "vices" might be viewed as Exiles that actually balance and help in understanding one's internal landscape. The use of narrative pedagogies such as the Theme Approach means that individuals also risk exposing parts of themselves that may not have been embraced in their families or religious communities. Internal Family Systems offers a helpful framework that encourages all parts of someone's story to be heard, because the "vices" within a person's character are not "bad" parts of them, as much as parts of them that are acting to protect the core Self. This is important for CPE Educators to know as they foster and facilitate an environment where narrative pedagogies are meant to empower and liberate, not simply to inculcate norms and values.

Hauerwas' take on community is effective to the extent that it allows for all parts of the story to be seen and heard, because there are no bad parts. For example, if the role of community is to manage the narrative, then it becomes a Protector Part, in IFS terms. If, on the other hand, the community creates safety for Exiled narratives to be heard and held, then there is potential for deeper transformation.

For Hauerwas, "story is the fundamental means of talking about and listening to God, the only human means available to us that is complex and engaging enough to make comprehensible

what it means to be with God."[8] This means that God's values are revealed through story, and "Israel is a people who learn this story by heart and gather regularly to retell it."[9] Referring to the Israelites' Exodus from Egypt, Hauerwas notes that the identity of God's people is inherently tied up with being "people on a journey…its ethics become the virtues necessary to sustain Israel on the road."[10]

There is potential for reframing what "virtues" mean for chaplains in exercises such as the verbatim, where students present a scenario that they feel they could have handled better. Verbatims, in a sense, are anti-examplars of patient visits. Their importance in the CPE curriculum means that often the most powerful way to learn is from mistakes and from places of students' greatest fears. A verbatim becomes an imperfect story about a patient encounter, and workshopping the verbatim, through the cohort's feedback and asking of questions, becomes another iteration of the story, whereby reflecting on what the story means to the chaplain holds potential to affect the way their journey continues to unfold.

From a pedagogical sense, the power of story—and a story of liberation, in this case—has powerful implications. Frank Rogers Jr. has explored narrative pedagogies in depth, through the Narrative Pedagogies Project, which was "created to explore how the variety of story-based methods could be adapted for Christian ministry with young people."[11] Through a commitment to "surfacing the stories the teens were already dying to tell,"[12] the drama of their lives unfolded in empowering ways. In keeping with Freirean fashion, rather than being treated as blank slates, students were encouraged to draw from their own histories, to make meaning out of the lessons

[8] Hauerwas and Willimon, *Resident Aliens,* 54-55.
[9] Hauerwas and Willimon, *Resident Aliens* , 54.
[10] Hauerwas and Willimon, *Resident Aliens*, 54.
[11] Rogers, *Finding God in the Graffiti,* 15.
[12] Rogers, *Finding God in the Graffiti*, 2.

of their lives. Like the Israelites on the Exodus, their own resilience and character—the virtues needed for sustenance—informed their ethical framework.

The virtues needed for sustenance—which might manifest as different themes according to each individual's story—are sorely tested in times of uncertainty and suffering. Bill spoke of Exile as a theme in his experiences of COVID chaplaincy: "not knowing what the future holds, but knowing there's a promise."[13] In a time of great suffering and uncertainty caused by pandemic, patients often asked "How can there be a God if…[these things are happening?]" and often felt like they were alone in asking that question. For Bill, connecting with the patient was more important than giving them an answer, and he responded to those questions by saying, "It's a good question, wish I had an answer…where do you think God is now?" As we discussed in our interview, chaplains know how to navigate these encounters because our CPE Educator and peers have modeled this for us. We learn how to be chaplains through our own exemplars.

In taking a dialogical approach, chaplains and chaplain educators allow for individuals to connect with themselves and the wisdom already found in their stories. This distinctly aretological approach calls for a deep attention towards oneself, with the help of one's community of formation. In keeping with liberatory praxis in pedagogy, "we do not become free by conforming our actions to the categorical imperative but by being accepted as disciples and thus learning to imitate a master…the problem lies not in knowing what we must do, but how we are to do it."[14] Virtue ethics are inculcated by the modeling of examples—which in the chaplaincy context mean that students learn from both the triumphs and mistakes of their peers. Because the modeling and learning are mutual, the power dynamics are leveled, and learning

[13] This is differentiated from the IFS meaning of Exile.
[14] Hauerwas, "Character, Narrative, and Growth," 225-26.

becomes a two-way street. By encountering another, the chaplain gains a further sense of self, in the narrative sense put forth by Hauerwas.

As a future CPE Educator, I embrace my own storied self as a gift, and I must bring a similar sense of gratitude and curiosity to my students. In the same way that chaplains' selves are the best tools they bring to their patients, so too is the CPE Educator's sense of self the main instrument in guiding chaplain interns. bell hooks wrote that "engaged pedagogy…emphasizes well-being. That means that teachers must be actively committed to a process of self-actualization." In seeing teachers as healers, she recognized the wisdom in Buddhist monk Thich Nhat Hanh's emphasis "that 'the practice of a healer, therapist, teacher or any helping professional should be directed toward his or herself first, because if the helper is unhappy, he or she cannot help many people.'"[15]

Centering students' embodied and experienced identities is key in this process. For influential "writer-mentor"[16] Alice Walker, "self-love was one of the only fully humanizing and spiritually empowering tools strong enough to eradicate the systemic self-hatred fed to blacks over centuries of physical, emotional, and psychological slavery."[17] In this sense, virtues come from tools of survival and self-empowerment. Indeed, "'African American women's appraisal of what is right or wrong and good or bad develops out of the various coping mechanisms related to conditions of their own cultural circumstances."[18] A womanist lens of virtue ethics builds upon Aristotle's insight that "ethics are culturally specific, and analysis of the virtues and values that a

[15] hooks, *Teaching to Transgress*, 15.
[16] See Harris, *Gifts of Virtue*, 69.
[17] Harris, *Gifts of Virtue*, 28.
[18] Harris, *Gifts of Virtue*, 55.

particular community adheres to must take into consideration the ethos of a particular community."[19]

Methodologically, identifying virtues comes from paying attention to the themes that arise in lived experience. In this sense, critical ethnography and virtue ethics have much to offer each other. As mentioned before, I have taken my cue from theologian Melanie Harris, who draws from the life of womanist Alice Walker to derive a framework for virtue ethics that honors the individual as a storied self situated in her experience and context. Harris' methodology contains extensive "analysis of selections from Alice Walker's nonfiction writings [which] reveal [key] experiential themes."[20] Her six-step approach to ethical issues is something that CPE Educators can bring to their supervision of students:[21]

1. Uncover experience and stories
2. Validate experience
3. Ascertain values from critical reflection of experience
4. Connect values to wisdom
5. Take action upon the wisdom and values
6. Use empowerment gained from the action to move toward justice

Having used my interviews as a means of uncovering my fellow chaplains' experiences and stories, and in validating their experiences and interweaving them with my narrative, I have drawn themes from those conversations, ascertaining values from critical reflection upon not only our shared experience of chaplaincy, but also the experience of conducting the interviews. This dialogical component complements Freire's emphasis on generative themes when engaging in a dialogical process between educators and students.

[19] Harris, *Gifts of Virtue, 55*.
[20] Harris, *Gifts of Virtue*, 87.
[21] See chapter 4 in Harris, *Gifts of Virtue*.

In discussing implications for future research and pedagogy, I continue to draw from Harris in connecting values to wisdom, so that I might take action upon the wisdom and values, in order to use the empowerment gained from the action to move toward justice. For example, in focusing on and valuing my entire, embodied, and experiential self, I have tested the wisdom of womanist virtue ethics, which, "similar to an argument made by Paulo Freire," links the well-being of the oppressor to that of the oppressed.[22] Indeed, Walker "points out that societal fragmentation affects not only black people's self-identity, self-esteem, and communal well-being, but also the identity of the dominant or metaculture as well." Self and community are inextricably linked. Thus, my social location and personality matters and is integral to the larger narrative.

In the context of chaplaincy and CPE, the relationship between self and community is negotiated on a few levels. The chaplain understands her self as being narratively constituted, and her narrative is understood in terms of life experiences and social location. As someone with pastoral authority in the clinical setting, the chaplain also retains sensitivity to the life experiences and social location of her patients, along with power dynamics within the hospital setting.

As Ferdinand Tablan has noted, "virtue ethicists regard professions as the context in which practices occur."[23] He goes on to describe how, "following Aristotle, MacIntyre develops the concept of practice that provides the framework in which virtues are acquired."[24] For

[22] Harris, *Gifts of Virtue*, 63.
[23] Ferdinand Tablan, "Virtue Ethics and Meaningful Work: A Contemporary Buddhist Approach," *Humanities Bulletin* 2, no. 2 (2019): 24.
[24] Tablan, "Virtue Ethics and Meaningful Work," 24.

MacIntyre, "practice refers to activities that have standards of excellence and specific goals. It entails competence that comes as a result of training, discipline and commitment."[25]

In CPE, chaplains are expected to work towards pastoral competence, pastoral formation, and pastoral reflection. By choosing their own spiritual learning themes—which, I will interpret as being akin to virtues—chaplains use those themes to guide their practice, as "virtues of action (moral) and of thinking (intellectual)."[26] Indeed, "practices are distinct from skills. Skills do not admit innovation, contrary to practice. Compared to skills, practices have dynamically complex aims rather than fixed."[27] In working with a spiritual learning theme, for example, *authenticity*, a chaplain intern engages in transformative learning that surpasses basic skills such as *active listening*. While active listening may be a part of developing deeper authenticity, the chaplain's learning process is more nuanced and holistic—authenticity permeates her life and sense of self, whereas active listening, as a skill, is limited to specific interactions.

Thus, integrating practices into the personal formation of chaplains has profound effects on their professional development. To bring back the notion of *arête* from Aristotle's time, excellence depends upon skills, which come from practices embedded within narratives of self-awareness. Self-awareness then translates to an ability to care for, befriend, and love the self. Ultimately, these practices of awareness work together to answer the question: "What kind of person do I want to be?"

[25] Tablan, "Virtue Ethics and Meaningful Work," 24.
[26] Tablan, "Virtue Ethics and Meaningful Work," 23.
[27] Tablan, "Virtue Ethics and Meaningful Work," 24.

Autoethnography as Integration and Self-Care

The pedagogical and research philosophies that facilitate self-awareness and self-care have greatly impacted my own development as a teacher and researcher. Choosing autoethnography as the methodology of this dissertation has further integrated narrative pedagogies, virtue ethics, and Internal Family systems into my understanding of the collective chaplaincy experiences of 2020-2021. In doing so, I gained a stronger sense of my narratively-constituted self, as well as my sense of self within the CPE community.

One of the most important skills chaplains must develop, I argue, is that of self-attunement and care. Only then can they sustainably care for others. These tools, from Hauerwas' narrative perspective, also become virtues that inform ethical practice. In this sense, pedagogy must involve equipping students with the tools of self-care.

Stephanie shared with me that CPE taught her the importance of self-care. Knowing her own boundaries, that she was "not superwoman" helped her to more fully understand her call to chaplaincy. During our interview, she quoted an address given by the Pope to pastors: "At the end of the day, just say to God: 'Thank you for today, I've done what I could do…I've served your people the best way I could, and it's you're people, and I'm going to bed."

Stephanie spoke thus of our role as chaplain: "You're not changing the world—it's a person, two or three…and then they might change more." I have fond memories of many moments with Stephanie in our shared office in CPE, when she often reminded me to slow down and take a sip of water before going out to see patients. In cultivating these habits of self-care in individuals, we also attend to the well-being of the larger community.

Foucault, in his interpretation of Christian and Hellenistic texts, "identifies the care of the Self[28] as a set of techniques of self-formation."[29] In doing so, he "highlights the double process of subjects being both constituted through practices of subjection and liberated from the cultural environment."[30] This touches upon the ways in which Freirean pedagogy and critical ethnography seek to empower educators and students alike to critique and work within their cultural bounds. And, for Foucault, "if pedagogy is organized as a preparation for life, the care of the self is a form of life. This form of life is characterized by (a) turning to one's self, (b) dwelling in oneself and (c) establishing certain relations with oneself."[31] Foucault reminds us that societal structures impact individual identities, and that power relations come to bear in education and formation.

In a similar thrust to Hauerwas' emphasis on lived experiences rather than conceptual frameworks, "the key-term in Foulcault's analysis of the care of the self is *practice* instead of *discourse*, philosophy rather than rhetoric."[32] Foucault's views "seem to seek a sort of 'authentic political spirituality'…something that is possible through the practices of *caring for the self* and *attention as waiting*. By doing this they express a '…profound identity between necessity and the collective formation of social structures and individual identities."[33]

In the chaplaincy context, virtues become meaningless if they do not translate into an ethic of care for patients, from a justice-minded framework. As Michael Slote has written, "care ethics can and should offer a comprehensive account of both individual and political morality."[34] Whereas gendered ideas have been propagated to advocate for "an ethics of care or of caring that

[28] This is different from the IFS notion of Self.
[29] Rytzler, "Turning the Gaze," 288.
[30] Rytzler, "Turning the Gaze," 288-89.
[31] Rytzler, "Turning the Gaze," 289.
[32] Rytzler, "Turning the Gaze," 290.
[33] Rytzler, "Turning the Gaze," 293.
[34] Michael Slote, *The Ethics of Care and Empathy* (London: Routledge, 2007), xiii.

gives genuine expression to…a point of view that is to be found more among women than among men," Slote "seeks to show that a care-ethical approach makes sense across the whole range of normative moral and political issues that philosophers have sought to deal with."[35]

In healthcare, empathy becomes an ethical issue in a way that calls to mind a virtue ethic of balance. Aristotle takes great care to describe virtues as having "to do with actions and emotions."[36] Actions are performed with a balanced demeanor, and any excess or deficiency of feeling or action makes a virtue a vice. As Aristotle puts it: "there are, then, three kinds of disposition: two are vices (one marked by excess and one by deficiency), and one, virtue, the mean."[37] Virtues come out of the balancing of the more extreme ends of human emotion and experience. This balance is important in a professional role, where chaplains use their own selves—their life experiences and internalized narratives, as well as emotions evoked as they relate and empathize with patients—as the primary tool for spiritual care and healing. This means that they are negotiating boundaries between their feelings and the needs of patients. Chaplains' commitment to bringing non-anxious presence to their patients means they must remain calm and balanced.

At the same time, the belief that all parts of a person's Internal Family System are valid means that all feelings—no matter how "unbalanced" they might appear—are also valuable. IFS, then, serves to normalize the full range of human emotion, even as it serves to balance the many parts and feelings within a person, so that all have equal say. Self-acceptance is key in cultivating both virtues and balance, and it is a foundational stance in forming "exemplary" chaplains and educators.

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[35] Slote, *Ethics of Care and Empathy,* 1.
[36] Aristotle, *Nicomachean Ethics*, 37.
[37] Aristotle, *Nicomachean Ethics*, 48.

As Hauerwas and Pinches have put it, "if we are people of character we must be our 'own best friend and should have the greatest affection for [ourselves]'…if we are not capable of being our own best friend we lack the constancy we need to have a happy life, extended, as it must be, over time."[38] Indeed, those who are "wicked," in this line of thinking, "are characteristically on the run from themselves…In effect, they lack the means to see and live an essential continuity between what they are and what they do. For Aristotle, there is no tension between our love for others and for ourselves."[39] A chaplain who knows how to care for herself is inherently better equipped to care for her patients. In befriending ourselves, we are attending to the quality of our lives. In choosing not to run from ourselves, we accept all parts within us.

In using my own experience as the backbone of research, and in fleshing out the narrative using conversations with my colleagues, I am not so much providing an "exemplar" to imitate, according to the more traditional stance of virtue ethics. Rather, I offer a set of examples from which to reflect and learn. I have attempted to describe various "parts" of the experience, in order to integrate the many facets of what I have learned.

The implications of this study are many. First, it offers a window into the unique experiences of individuals who experienced the 2020-2021 pandemic from a particular perspective—chaplains on the frontlines in the hospital setting. Second, it provides an example of spiritual formation that does not have to be limited to Clinical Pastoral Education, particularly because the research site's use of the Theme Approach can be used across various settings. In the same way that Freirean pedagogy is not limited to the contexts where they were first developed, so too does the narrative bent of the Theme Approach—especially when critically engaged with

[38] Hauerwas and Pinches, *Christians among the Virtues,* 39.
[39] Hauerwas and Pinches, *Christians among the Virtues*, 39.

frameworks like Internal Family Systems Theory—hold transformative power for individuals seeking personal growth.

In true Freirean fashion, narrative pedagogies such as the Theme Approach are not so much a set of methods as a way of being. Out of this way of being comes a way of teaching. Educators who value their own transformation and growth will necessarily gain the tools—and the virtues—needed to share such processes with their students, learning with and from those they seek to teach and guide. The potential for healing and transformation within a learning process begins with the health and self-awareness of the educator.

The work we do matters, not least because work is a significant part of the lives of many adults. The workplace is a space of intersectionality, where identities matter and are simultaneously suppressed and revealed, depending on the nature of the work. For chaplains, whose primary "tool" for healing is their selves, self-awareness and transformative use of self become not just virtues to cultivate, but also has ethical and justice-oriented implications. In a year where racial inequities were highlighted by the COVID-19 pandemic, critical autoethnography becomes a powerful lens through which to examine the "who, what, how, why, when, and where" of chaplains' collective experiences of CPE, as well as the transformative potential of narrative pedagogies such as the Theme Approach.

Final Thoughts

When prompted by an academic assignment to "describe the sounds, smells, and color that come to mind" in describing the pandemic, my friend and research participant PS shared about her day job as a chaplain resident, seeing "red tape on the floor, telling you where to walk, [and] red signs on the door, detailing gowning procedures" for patient rooms with airborne precautions. The smells were of cleaning solution "so strong, stinging the inside of my nose"—and recognizing that compared to the maintenance workers who helped clean the hospital, what she had to endure was minimal. And the sounds were of "crying—family in the lobby" whose loved ones were inside.

I got goosebumps when PS shared this with me, and I related to her observation that, in comparison with her classmates who were staying home and attending school online, our experiences as chaplains were vastly different. PS and I both spoke about how it was difficult to share about our work lives with family and friends, and how we needed outlets for our experience. For me, this began with the series of blog posts, detailing the stories of encounters with patients, peers, and staff during the worst of the winter surge that spanned the tail end of 2020 and the beginning of 2021, midway through my second unit of CPE. Investigation of the chaplain experience continued as I completed two more CPE units through the spring and summer of 2021. In the season immediately following my CPE residency, I reflected once again on the experience, integrating my interviews with my colleagues into academic frameworks and writing.

I wrote this autoethnography during a time when I was preparing to enter the process of becoming a CPE Educator who would one day train chaplains using the Theme Approach. Recognizing the limits of my individual perspective, I invited my chaplain colleagues to

contribute to the conversation. Just as my main theme of Integration took on many iterations, or "variations"—CPE units centered around Intention, Imagination, and Identification—so was my autoethnography amplified by collaboration and the voices I weaved into my narrative.

Would the narrative be any different if this research took place outside of pandemic? Perhaps—and yet, many of the themes that arose from the interviews—helplessness, safety, sense of reality, hope, and lament—hold true for chaplains (indeed, humans as whole) across time. If anything, the pandemic of 2020-2021 served to highlight certain experiences that, in "normal" times, society seeks to marginalize and exile—experiences of sickness, suffering, and uncertainty.

Set against this backdrop of a "new normal," a unique breed of people—chaplains—chose to enter into hospitals and face the unfolding of history, becoming part of it in the process. The learning that took place in the disorientation of pandemic gave us an opportunity to integrate the many parts of our selves and our stories through the Theme Approach. Using our themes to understand our experiences brought greater self-awareness, and for many of us, healing.

The narrative is not over—in terms of individual chaplains' development and the continued iterations of pandemic and its effect on hospitals and society. The learning continues, and more things will happen that warrant healing and transformation. The potential for continued investigation in pedagogy and research in the field of CPE is ripe. Only time will tell just how much this pandemic will affect the profession and whether pedagogies similar to the Theme Approach might also be taught outside of the clinical context, on a more widespread basis.

I end here with a story KW shared during our interview, about a Chinese immortal named Li Tieguai, who loses his body through cremation and takes on the body of a crippled homeless person. The rest of his life is about being with the sick, and as KW reflected: "This is like the

incarnation, [a Divine being] choosing the lowliest body…it's like God as chaplain." Using this as an example of what it means to provide spiritual care, she shared, "I don't think of God as all-powerful, but suffering with us…not God as superman…but as a wounded healer, a chaplain."

This story resonates with my own belief in process theology—in an all-loving, but not all-powerful God, whose relationship with humans both affects and is affected by the larger environment and circumstances, not least a worldwide pandemic. If God is our "exemplar," both in how we are to be as people and how we minister to others, then the fact that God is also limited by circumstances—and must learn from them—clarifies our stance as chaplains and educators. In the midst of our feelings of helplessness, we choose to learn from and be transformed by those we encounter. In choosing to be with those in need of healing, we too come to experience what God experiences.

Appendix A

Claremont School of Theology
IRB Research Protocol

1. Date of submission: September 6, 2021

2. Project Title

Variations on a Theme: Collaborative Autoethnography of Chaplains Trained at a Hospital in Southern California

3. Name(s) of Researchers

a. Principal Investigator: Natasha Huang

b. Department or Program: Education and Formation

c. Advisor (with email address): Frank Rogers

4. Project Period (beginning and ending): September 20, 2021-January 15, 2022

5. Proposed funding sources, if applicable. Identify any potential conflicts of interest.

Not applicable.

6. Summary of the research objective(s) (Explain what you hope to learn, demonstrate or achieve in 1 paragraph)

The research objective is to demonstrate the usefulness of the Theme Approach within Clinical Pastoral Education (CPE). As an insider-participant who experienced the Theme Approach during four units of CPE, the researcher hopes to demonstrate how this learning method facilitates autoethnographic insights in students of chaplaincy. By framing the data through virtue ethics, narrative and Freirean pedagogies, and Internal Family Systems theory, the research seeks to show how the Theme Approach prompts CPE students to examine their lives with critical distance, and in the context of an intentional learning community.

7. Brief summary of the procedures, tests, or activities to be utilized during the course of the research in order to collect data.

During the course of research, the researcher will analyze data from her Clinical Pastoral Education program, which include up to 40 weekly reflections, 16 verbatims, 8 self-assessments, and comments written about her by others. The researcher will also conduct open-ended and conversational interviews with approximately ten alumni of the Clinical Pastoral Education Program, recording those interviews with participant consent, and then transcribing the recordings in order to code for themes and categories.

8. Describe the population(s) from which participants will be recruited, plans for the recruitment, and the consent procedures to be followed.

Research participants will be recruited from alumni of the CPE program at the research site, who have all been trained under the Theme Approach and who overlapped with the researcher in some way. The researcher will recruit participants from alumni who are no longer receiving training at the research site, and interviews will take place away from the CPE program site. Research participants will be informed about the nature and scope of research and sign consent forms. (see attached).

9. Summary of any risks of the topic, method, or to the population involved in the research plan.

There are no known risks associated with this study.

10. Describe how participants' privacy and dignity will be protected.

a. Describe the procedures to assure confidentiality in the use, storage, and disposal of primary data

b. Indicate how long data will be maintained, where it will be kept, how it will be protected, and how it will be destroyed.

The researcher will ensure participant confidentiality by including only relevant details, which will not include name, exact age, or professional title (outside of "chaplain intern," during the time participants were in CPE). Data in the form of records and transcriptions will be accessible only to the researcher and her dissertation committee members and will be destroyed upon completion of research. Data from research will be kept on the researcher's personal computer and private work space for two years after the completion of the study. The researcher will be the only one with access, and data will eventually be deleted from the computer, and hard copies shredded.

11. Include a copy of Informed Consent Form to be used.

12. Include the faculty advisor's endorsement of the research design.

Appendix B

Consent to Participate in Research Identification of Investigator and Purpose of Study

You are invited to participate in a research study, entitled "Variations on a Theme: Collaborative Autoethnography of Chaplains Trained at a Hospital in Southern California." The study is being conducted by Natasha Huang under the supervision of Professor Frank Rogers of Claremont School of Theology, 1325 N. College Ave, Claremont, CA 91711.

The purpose of this research study is to examine the ways chaplains are trained in Clinical Pastoral Education. Your participation in the study will contribute to a better understanding of the experiences of chaplains trained using the Theme Approach at a hospital in Southern California. You are free to contact the investigator using the information provided to discuss the study.

You must be at least 18 years old to participate.
If you agree to participate:

- The research will consist of approximately 1-3 interviews, ranging from 35-50 minutes.
- Your participation is intended to contribute to the researcher's understanding of her own experiences as a chaplain intern from September 2020-2021.
- Your participation will consist in answering questions, provided in advance by the researcher, through a conversational interview, and may be audio recorded, for the sole purpose of accuracy when the researcher is working with the data.
- You will not be compensated.

The purpose of this study is to gain insight into practical theology, pastoral care and/or spiritual care. Participation in this study should not be regarded as—or substituted for—therapy by a licensed professional.

Risks and Confidentiality of Data

There are no known risks. There will be no costs for participating. Your name, email address and other personally identifiable information will only be kept during the data collection phase. No personally identifiable information will be publicly released. Your personal information, if collected, will be used solely for tracking purposes. A limited number of research team members will have access to the data during data collection. Those research team members are: Natasha Huang, her advisor Frank Rogers, and her committee members, Paul Faulstich and Grace Kao.

When the results of the research are published or discussed in conferences, no information will be included that would reveal your identity. If audio-tape recordings of your participation are used for educational purposes, your identity will be protected or disguised. Your information will be stored until 2024 and then destroyed.

Participation or Withdrawal

Your participation in this study is voluntary. You may decline to answer any question and you have the right to withdraw from participation at any time. Withdrawal will not affect your relationship with Claremont School of Theology in any way. If you do not want to participate, you may simply stop participating.

Contacts
If you have any questions about the study or need to update your email address contact the primary investigator Natasha Huang or contact the advisor Frank Rogers. This study has been reviewed by Claremont School of Theology Institutional Review Board and the study number is **2021-0901.**

Questions about your rights as a research participant.
If you have questions about your rights or are dissatisfied at any time with any part of this study, you can contact, anonymously if you wish, the chair of the Institutional Review Board by email at irb@cst.edu. Thank you.

❖ **SIGNATURE OF RESEARCH PARTICIPANT**
I have read the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form.

_____
Name of Participant

_____
Signature of Participant

_____
Date

_____
Address

_____
Phone

_____
Email

SIGNATURE OF INVESTIGATOR

_____
Signature of Investigator

_____
Date (same as participant's)

A copy of this document will be supplied for your records.

Appendix C

Template for Verbatim

CHAPLAIN STUDENT'S SPIRITUAL THEME:

BACKGROUND OF PATIENT/CARE RECEIVER

Biopsychosocial & Spiritual Realities	**Chaplain**	**Patient**
Ethnicity		
Gender Identification		
Religion/Spirituality		
Socioeconomic status/ Education		
Military Status		
Age		
Sexual Orientation		
Physical/mental/health status/diagnosis		
Immigrant status Language		
Other		

Note the 2" margin for comments

Do not use patient's real name; initials are OK.

Jot down verbatim interview as soon as possible after the meeting to capture "real language"

CONTEXT OF VISIT

Attach copy of the chart note from MACS.

PASTORAL CONVERSATION

Invest time and attention in your analysis and reflection!!

C – Chaplain

P – Patient

P-1 Hello. (She calls as knock and walk in.)

Hello (Approaching the chair, I realize she is a woman in her 50s). Hello my name is _____. I am a Chaplain.

(She makes a sort of snorting sound… I look at her as if to say, "What did that response mean?") I was just thinking about God.

C-2 Oh really (pause) what were you thinking?

I was talking to God. I am so confused. I don't know what to do. I go to my husband's church. I go to make him happy. It is a kind of church that doesn't believe in the Virgin Mary or the saints or nothing (I am nodding my head so she knows I am following her) I was raised Catholic, but they don't teach you anything about the Bible. But I don't feel God there. You go, give your money, do your thing and no one cares.

C-3 In your husband's Church?

Yes. It is Christian. I just don't know what to do. (I am about to ask what she wants or what she is looking for when she says) I don't know why I deserve this. I have done nothing bad. I have 9 kids and they are always calling and needing something. I can't get no rest.

Length of visit: ____ minutes

ASSESSMENT

- The Patient

- The Chaplain

- The Spiritual Care Encounter

THEOLOGICAL/PHILOSOPHICAL REFLECTION

PEER/EDUCATORS CONSULTATION

Verbatims generally follow the format above:[1]

[1] "Clinical Verbatim," *Methodist Hospital of Southern California Clinical Pastoral Education Program Student Handbook* (Summer 2021), 72.

Appendix D

As an example of how CPE facilitates autoethnographic processes in students, the following is a written assignment I completed in my third unit of CPE (during which Imagination was my theme). It is a "living human document" that is still being written and revised.

Natasha Huang

Autobiography Essay

Presented on 5/18/2021

BCCI Requirements:

Autobiography: – an autobiographical sketch of no more than five (5) pages in length double-spaced, twelve-point (12-point) font, and one-inch (1-inch) margins. The autobiography should highlight the major events and themes of the applicant's life as they impact their practice of ministry. This paper is not strictly intended to demonstrate any particular competency, but to serve as a backdrop for the applicant's other material.

Modified for Unit 3 of CPE:

1) Not more than 5 single spaced pages
2) Yes, highlight the major events and themes, but add in how personal/cultural history, and relationships/communities impact or shape your practice of ministry.
3) Include how your religious development has been integrated with your self-understanding
4) Include a section that articulates your sense of call to chaplaincy and your perceived strengths and weaknesses as a chaplain

I was born and raised in Southern California, the firstborn daughter to immigrant parents from Taiwan. My birth led to the conversion of my parents to Christianity, and my name means "gift of God." Growing up with that story, I had a strong sense of worth and security about what I meant to my parents, and how much they wanted to be good parents who raised me with values that transcended both the new American values they adopted as immigrants, and also the Chinese (Taiwanese) values they had grown up with. I have spoken with my parents often about the unconditional feeling of acceptance that I had as a firstborn, which neither of them experienced.

My younger brother was born when I was nearly three years old. His arrival changed my sense of self in two primary ways: 1) I experienced jealousy and a threat to the undivided attention I was receiving from my parents. 2) I eventually came to embrace him as someone that I would care for and take care of. While the sense of jealousy has remained a dynamic for the duration of our lives thus far, it has been far overshadowed by a near-unconditional love that I experienced for my brother, as children. Because this love came naturally to me in the course of growing up in a loving family, it also came naturally to me when I later became a helping professional, in the form of Carl Rogers' "unconditional positive regard." The desire to be helpful, by taking care of my brother, especially during times when my mom's health limited her capacity, led to me forming a "helper" personality (also known as the 2 on the Enneagram).

My parents were spiritual questers, attending a variety of churches ranging from a Mandarin Baptist Church when I was a toddler, to a mostly caucasian Congregational church, then to a Pentecostal Chinese student fellowship for my elementary school years, a mult-ethnic Charismatic megachurch during middle school, and an Asian-American Evangelical church by the time I was in high school. At each church, Mom and Dad absorbed all there was to offer and served in whatever capacity they could. After about three years, something would happen--they would meet someone who invited them, usually--that led them to move on to a new church, but rather than burning bridges, they parted ways in good faith. This has influenced my approach to both friendship and faith. I too accumulate friendships and keep in touch, despite having moved every two years for the last 10 years. Our friends came from all kinds of cultural and ethnic backgrounds, and I am very comfortable around diversity. Furthermore, ecumenism has always come very naturally to me, because I grew up knowing that there are many ways to worship God.

For the Huang family, Christian discipleship was paired with my parents' (culturally unusual) decision to homeschool me and my brother. At first, the homeschooling lifestyle was very congruent with our family's temperament. Mom and Dad were very open to creative and out-of-the box thinking, which became a very ironic tension when our family went through a phase of subscribing to Fundamentalism. This tension would cause the bulk of our family conflict, as well as loss of trust at different points along the way, especially during our teenage years. Having a spiritual form of idealism as part of my schooling and faith formation led to a kind of perfectionism which took several years to deconstruct. It affected my approach to both relationships and career, giving me a mix of precocity (feeling more comfortable with adults than children my age) along with a delayed ability to individuate (due to being parentified and triangulated into my parents' marriage).

In our homeschool group, we were one of two families of color in a community of white families that ranged from blue collar to upper middle class. This taught me not to generalize about any demographic, but rather to see individuals through the lens of personality and temperament. In seventh grade, my dad (who is a professor) took our family back to Taiwan for a year during his sabbatical, during which time I attended a public school in Taiwan, followed by one year each in a private and public school back in California. Later, when I learned about the Myers-Briggs and Enneagram personality frameworks as a young adult in the helping profession, I was able to integrate these diverse formational experiences of people with the language to describe people's traits. With this as a foundational understanding, I still defer to individual uniqueness even as I have grown in my understanding of systemic oppression and critical race theory in the last half-decade. This means that, as a chaplain, I consider a care receiver's personal history, social location, and individual temperament in equal light, and I make a point of finding out how much they themselves attribute their experiences to these factors.

My decision to enter the helping profession came in college, when a good friend of mine attempted suicide and was hospitalized in several facilities over the next few months. I discovered my own comfort around the hospital setting during this time, along with a desire to "help hurting people." This led me to pursue education and eventually board certification in music therapy after completing undergraduate degrees in Music and East Asian Studies. As a music therapist, I learned how to chart, translating transcendent and meaningful experiences into clinical language for the benefit of the interdisciplinary team. And while music was the vehicle for connection with my patients, I realized that it was the spiritual aspect of the visit that spoke to me, rather than my love for music in and of itself. It is for this reason that I see music therapy as the first step towards my finding my longer term vocational call to be a chaplain.

In order for that to occur, my theology needed more time to experience deconstruction and reconstruction. Hence, my own adult spiritual journey began--which was not unlike the questing that my own parents had done while they were raising me. In 2010, I moved to the San Francisco Bay Area, in order to explore engagement with a young man I had met at mutual friends' wedding. I taught violin and piano lessons six days a week to make ends meet, re-discovered a love of writing as a means of processing and expression, and learned how to swing and blues dance. In 2012, in the wake of heartbreak and in order to support my mom's health crisis (while my dad was away on Sabbatical, and while my brother finished college), I moved back to Southern California, where being a family caregiver eventually transitioned to taking a job as a Resident Service Coordinator for low-income older adults for two years. During this time, I served residents from all sorts of cultural backgrounds, using my Mandarin abilities when needed, and learning more about societal issues that affect the poor and the elderly. As with music therapy, I consistently experienced interactions that felt transcendent and meaningful, furthering the desire to minister in explicitly spiritual ways to those in pain. By this point, I had started to reject theology that did not empower women, and I was ready to explore what my vocational spiritual path might be. Due to my mom's experiences in the hospital, I recognized the importance of spiritual care and decided to pursue chaplaincy.

Finally, in 2014, I entered seminary. Yale had been a dream of mine in high school, and here I was, 12 years later. In a sense, going to Divinity School at age 28 was my own version of the "normal" American experience of going off to college at 18, without feeling emotionally responsible for my parents' happiness and reputation. Through the process of therapy and conflict with my parents, in my young adult years, I had worked through many family of origin issues. I was ready to reinvent myself and cultivate "parts" that had been "exiled" or "managed" over the years by religious restrictions. If I were to recount the spiritual, emotional, and relational experiences I had during that time, "I suppose that even the whole world would not have room for the pages that would be written." Suffice it to say, I had the time of my life.

Upon graduating in 2016, I took a job in Boston as Director of International Student Advising, the responsibility and difficulty of which fueled my desire to pursue further education in order to be further equipped to lead in a world that (as was my experience on the job) naturally seems to support hierarchical and patriarchal forms of education and formation. For while I thoroughly enjoyed counseling students and teachers from all over the world, the institutional oppression of women and minorities by school administration conflicted with my theology and educational philosophy. Moreover, I experienced both implicit racism and sexism from the family of the person I was dating (someone I had been friends with in seminary) and made the difficult decision to put my vocational trajectory above the opportunity to start a family with him. Thus, in 2018, I returned alone to Southern California to begin a PhD in Practical Theology, and with the intention to partake in CPE for the first time.

My call to chaplaincy is inspired by the example of Jesus, whose ministry took place amongst the sick and outside the walls of religious institutions. It is sustained by my lifelong value of "being" as the foundation for "doing"--prioritizing self-care and self-awareness over accomplishing goals and tasks. I am convinced that, even if God were no longer to be a part of my life, the importance of being a non-anxious presence in the face of suffering and uncertainty would still pull me to this vocation. Indeed, my own experiences of the "dark night of the soul," thus far in my life, have shown me that human presence in the absence of meaning is crucial.

As a chaplain, some of my perceived strengths are: being a good listener and patient persona; empathetic presence and demonstration of care through non-verbal affect and body language; remembering things that patients tell me and the ability to recall them in subsequent visits; and a sensitivity and emphasis on energy as much as content, when interacting and conversing with others. One weakness is that I may not immediately see the bigger picture and the organizational implications of a situation, and I get overwhelmed by logistical details. As an intuitive perceiver, I may not always think or process things in a linear fashion, and I must put forth effort to make myself known and understood by a world that seems to be made for (Myers-Briggs) extroverts, sensates, and judging personalities. Interestingly, this need to constantly translate my perceptions for the world at large usually means that I have good instincts when it comes to bridging gaps of understanding and communication between other parties, making me able and willing to mediate conflict when necessary. Chaplaincy, overall, is a good fit for how I am wired, and I look forward to continuing to lean into my growing edges.

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